Annual Report 2016-17

Five Hills
Health Region

Healthy People – Healthy Communities

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The Five Hills Regional Health Authority Annual Report is located on the internet at:
www.fhhr.ca

LETTER OF TRANSMITTAL

Honourable Jim Reiter
Minister of Health

Dear Minister Reiter,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2016-17 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2017.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic priorities of Better Health, Better Care, Better Teams and Better Value. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the Region had many successes, including:

- Patient-Family-Centred-Care Committee was formed and continues to meet on a regular basis to advance the provincial goals and objectives of the Patient-Family-Centred Care Framework;
- Positive financial results for 2016-17;
- Successful completion of Laboratory Accreditation across all sites in the Five Hills Health Region (Laboratory Accreditation through the College of Physicians and Surgeons of Saskatchewan);
- Continuous improvement processes have yielded very positive results across the Region;
- Completion of the education of care staff in Long Term Care to the Special Care Home Guidelines;
- Implementation of the SMART Pump Program, advanced across the health system. This program is important in advancing patient and staff safety;
- Recruitment of a general surgeon, paediatrician, psychiatrists and family physicians was very successful this past year;
- Four Family Medicine Residents chose Moose Jaw as their home community following completion of their residency program in the Region; and
- Participation in the Advisory Panel consultations for health system transformation in Saskatchewan and ongoing collaboration with the Transition Team as we progress to the Saskatchewan Health Authority.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' significant efforts to ensure our communities have access to quality care.

Respectfully submitted,

E. (Betty) Collicott

Elizabeth (Betty) Collicott
Chairperson, Five Hills Regional Health Authority

INTRODUCTION

Throughout this report you will read the names Five Hills Regional Health Authority and Five Hills Health Region. The "Five Hills Regional Health Authority" is the legal name of the governance body otherwise referred to as "the Board". "Five Hills Health Region" refers to the geographic region, employees, programs and services.

Five Hills Regional Health Authority (FHRHA) is continuously striving for *"healthy people and healthy communities"*. Our commitment is to work together with you to achieve your best possible care, experience and health.

This annual report presents the FHRHA's activities and results for the fiscal year ending March 31, 2017. It reports on public commitments made and other key accomplishments of the FHRHA. Results are provided on the publicly committed strategies, actions and performance measures as identified in the Ministry of Health's System Plan and FHRHA's Strategic Plan for 2016-17. The annual report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past successes for the benefit of the people in the Five Hills Health Region.

FHRHA has an accountability agreement with the Ministry of Health which sets out the Ministry's expectations of the Region for the funding it provides. It contains both high-level organizational expectations and program-specific expectations for regions. The accountability document also clarifies the Ministry of Health's organizational, program and service expectations of FHRHA. These expectations are complementary to those articulated in legislation, regulation, policy and directives subject to amendments and additions or deletions made by the Minister and Ministry of Health. The accountability agreement is based on the Ministry's health system plan.

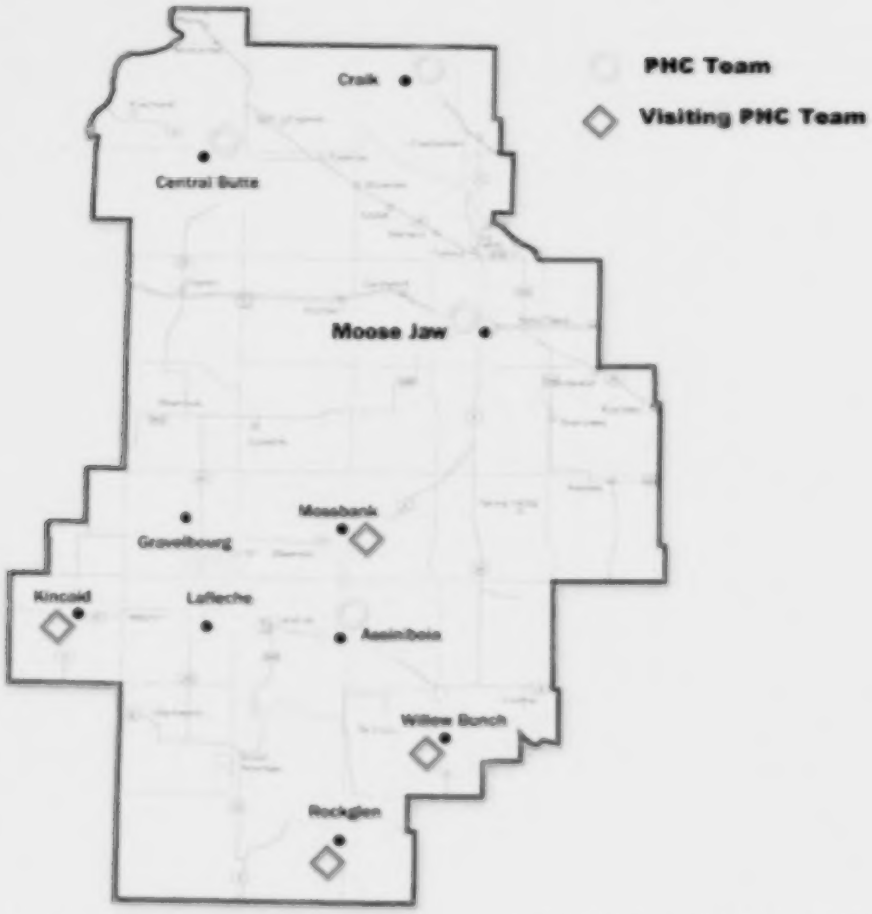
OVERVIEW

Located in south-central Saskatchewan, the Five Hills Health Region (the "Region") serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border. There are 40 communities, 27 whole and six partial rural municipalities and one First Nation reserve located in the Region and they are served by more than 2,000 staff, over 80 physicians and approximately 1,500 volunteers.

FHRHA is responsible for a comprehensive range of health services in the areas of acute care (hospital), long term care, home care, mental health and addictions, public health, primary health care and ambulance. These services are provided throughout the Region among 13 facilities, three affiliated agencies and several Health Care Organizations (HCOs). Several private personal care homes throughout the Region support continuing care services.

The corporate office is located in Moose Jaw and regional services administrative support is highly centralized there. The Region has efficiently organized services for finance, payroll, information technology, occupational health and safety, staff development, quality improvement and risk management, privacy, communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.

Facilities and Primary Health Care (PHC) Teams



Acute Care
Dr. F.H. Wigmore Regional Hospital

Integrated Acute and Long Term Care
Assiniboia Union Hospital
St. Joseph's Hospital/Foyer d'Youville*

Long Term Care
Ross Payant Nursing Home
Pioneers Lodge
Providence Place*
Extendicare*

*Affiliate/Contracted Agency

Integrated Long Term Care and Health Centres
Central Butte Regency Hospital
Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Wellness Centres
Mossbank Wellness Centre
Willow Bunch Wellness Centre
Kincaid Wellness Centre

Integrated Primary Health Care
Crescent View Clinic, Moose Jaw
Kliniek on Main, Moose Jaw
Red Coat Primary Health Care Clinic, Assiniboia

Acute Care

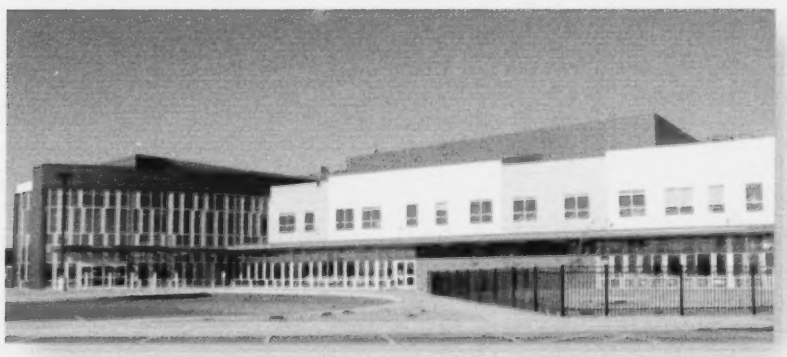
The Dr. F.H. Wigmore Regional Hospital has 72 inpatient beds providing a wide range inpatient acute care services including:

- Anaesthesiology
- Family Medicine
- Internal Medicine
- Orthopaedics
- Mental Health & Addictions
- Paediatrics
- Obstetrics
- Ophthalmology
- Psychiatry
- Urology
- General Surgery
- Gynaecology
- Pathology
- Radiology

The hospital also provides a range of outpatient services through the 42 treatment rooms in the Universal Care Unit. Outpatient services include Emergency Medicine, Ambulatory Care, Electrocardiogram (ECG), Chemotherapy and Day Surgery. Additionally there is a 9-station satellite Hemodialysis unit located in the Dr. F.H. Wigmore Regional Hospital.

These services are supported by professionals in laboratory, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy, central sterile supply and diagnostic imaging including x-ray, ultrasound, mammography, CT and MRI.

Dr. F.H. Wigmore Regional Hospital Statistics								
Unit	Patient Days		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2017	2016	2017	2016	2017	2016	2017	2016
Intensive Care Unit (ICU)	1003	1055	2.75	2.88	68.70	64.06	7.38	6.85
Women's Health	1438	1442	3.94	3.94	65.66	60.61	2.32	2.35
Pediatrics	2246	1954	6.15	5.34	61.53	53.39	2.65	2.58
Mental Health	3380	3112	9.26	8.50	77.17	70.86	14.57	13.65
Surgery	6581	6267	18.03	17.12	90.15	88.17	5.16	4.83
Medicine	8222	8151	22.53	22.27	112.63	106.05	6.13	5.79
Total Adult	22870	21981	62.66	60.06	86.42	81.16	5.13	4.93
Total Newborn	1214	1171	3.33	3.20	33.26	31.99	2.16	2.21
Total Adult and Newborn	24084	23152	65.99	63.26	79.98	75.31	4.80	4.64



The Assiniboia Union Hospital (12 beds) in Assiniboia and St. Joseph's Hospital/Foyer d'Youville (9 beds), in Gravelbourg are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency department coverage with 24/7 Registered Nurse (RN) staffing. Each hospital is integrated with long term care beds in addition to designated respite and transition beds.

Emergency Department Visits		
	2017	2016
Dr. F.H. Wigmore Regional Hospital	28405	29742
Assiniboia Union Hospital	4563	4773
St. Joseph's Hospital*	4863	5556
Central Butte Regency Hospital	158	124

*Affiliate/Contracted Agency

Acute Care Facilities								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2017	2016	2017	2016	2017	2016	2017	2016
Dr. F.H. Wigmore Regional Hospital	22870	21981	62.66	60.06	86.42	81.16	5.13	4.93
Assiniboia Union Hospital	2213	3125	6.06	8.54	50.53	71.15	7.18	8.08
St. Joseph's Hospital*	1942	2187	5.32	5.98	59.12	66.39	5.10	4.40

*Affiliate/Contracted Agency

Long Term Care Facilities						
	Resident Days		Average Daily Census		Percent Occupancy	
	2017	2016	2017	2016	2017	2016
Central Butte Regency Hospital	9023	9580	24.72	26.17	91.56	96.94
Assiniboia Union Hospital	7768	7991	21.28	21.83	81.85	83.97
Craik and District Health Centre	5593	5908	15.32	16.14	90.14	89.68
Ross Payant Nursing Home	12394	13121	33.96	35.85	91.77	94.34
Lafleche Health Centre	4971	5163	13.62	14.11	85.12	88.17
Grasslands Health Centre	5186	5367	14.21	14.66	83.58	86.26
Extendicare*	43800	43920	120.00	120.00	96.00	96.00
Pioneers Housing	26082	25924	71.46	70.83	96.56	95.72
St. Joseph's Hospital/Foyer d'Youville*	17035	15652	46.67	42.77	93.34	85.53
Providence Place*	60781	62452	166.52	170.63	95.70	98.07

*Affiliate/Contracted Agency

Community Health Services

The Community Health Services portfolio exists to better align services with Saskatchewan's Health System Plan which puts the "Patient First". It is a move away from traditional structures which reinforce silo practice and improves access to healthcare services where and when our customers need it. Our goal is to achieve better healthcare outcomes for our customers and the integration of these programs (Primary Health Care, Public Health and Mental Health and Addictions Services) is helping to achieve these results.

Primary Health Care

Primary Health Care (PHC) is the day-to-day care needed to protect, maintain or restore our health and accounts for over 80% of all healthcare interactions. It is often a first point of contact with the health system, delivered by teams of physicians, nurse practitioners, pharmacists, therapists, and others. A strong PHC system engages with patients, families and communities, enables teams to flourish, is proactive in preventing and managing chronic conditions, and encourages innovation. Within Five Hills, PHC continues to focus on both stabilizing services and progressing innovation.

PHC is advancing the use of technology to better integrate multidisciplinary teams. The electronic health record has been implemented in all Regional PHC sites as well as in Patient Education, Therapies, the Depot Clinic (Mental Health & Addictions Services) and the Teen Wellness Clinic. This advancement has strengthened communication between providers and improved continuity of care for patients. Efforts continue to maximize the flow of information between providers.

In addition, Kliniek on Main and Public Health Nursing continue to develop the programs offering specialized services to the newcomer population in Moose Jaw. The team, together with key stakeholders including Mental Health and Addictions, has focused their continued improvement efforts on better coordinating care for this vulnerable population.

Telehealth is available at the PHC locations in Rockglen, Gravelbourg, Assiniboia, Craik, Central Butte and in Moose Jaw at Kliniek on Main. Work continues to understand and advance the use of telehealth technology to creatively address healthcare in such a way to meet patient and family needs.

In the southern portion of the Region, the Director of PHC Teams and Public Health Nursing is responsible for the Wellness Centres, Assiniboia PHC Team and regional Public Health Nursing services. Sun Country Health Region and Five Hills Health Region continue to work together to develop a consistent approach to services for the Coronach, Rockglen, Willow Bunch and Assiniboia areas. With the announcement of physician departures in Assiniboia, FHHR assumed full responsibility of the primary health care clinic. These efforts included successful recruitment of three SIPPA graduated physicians, assuming three medical office assistants as regional employees and implementation of MedAccess as the electronic medical record.

The emphasis for Craik and Central Butte teams has been stabilizing services for the communities they serve. Assisting the strong local team in Central Butte, physicians from the Kliniek on Main team from Moose Jaw continue to be key to this end.

Five Hills and Heartland Health Regions continue to achieve their targeted minimum of a three-physician group to provide stable, 24/7 coverage to the Emergency Department (ED) in Davidson and day-to-day physician services in Craik and Davidson.

Crescent View Clinic (CVC) in Moose Jaw is one of eight innovation sites in the province and was designed primarily to manage acute, episodic illnesses in support of reducing wait times in the emergency department for patients requiring urgent but not emergent care. In addition, the clinic provides support to patients of family physician practices for episodic illnesses when they cannot see their practitioner on short notice. Crescent View also offers adult mental health and addiction services. Continuous improvement efforts focused on matching capacity with anticipated demands for care, improving communication with the emergency department, and enhancing public awareness of the services.

Patient Education

Highlights of the year for Patient Education included Chronic Disease Management work and ongoing improvement efforts. The Patient Education Center provides services for Diabetes and Cardiac Rehabilitation care in the region. Diabetes clinics continue to be offered at Primary Health Care sites in Craik, Central Butte and the Assiniboia area. The team continues to refine flow of providers and patients in the Dr. F.H. Wigmore Regional Hospital.

There was continued improvement work within Cardiac Rehabilitation programming. The team identified two priorities for the upcoming year; triaging patients for entry to service and enhanced provider scheduling to ensure consistent flow of patients into and out of the program. The team continues to focus on improving the client experience and has identified a goal of expanding follow ups for clients post program.

The Diabetes Team's improvement work focused on refinement of integrated visits (Kliniek on Main PHC site and Paediatric Diabetes clinic) and evaluating our education classes. The team implemented a patient survey process, including telehealth education for clients. The team will work to review the data and implement strategies based on this feedback.

Chronic Disease Management planning has been a high priority over the last year. There has been significant work on designing a cross-functional strategy for responsive services for clients with Chronic Obstructive Pulmonary Disease (COPD). Since patients with COPD come into contact with several areas in the healthcare system, representation from each of these areas (Community Health, Continuing Care and Clinical Services) worked to understand best practice service delivery models created a current value stream map of FHHR's COPD services. This solid understanding of current services for COPD led to an improvement event focused on designing a supportive and coordinated process for key COPD interventions and education for the 6-12 week post discharge period. The COPD Self-Management Program was planned for in 2016-17 and became operational May 15, 2017. There was also continued work in the area of enhancing self-management support through expansion of the Live Well with Chronic Conditions education program.

Mental Health and Addictions

Saskatchewan Mental Health and Addictions Action Plan

"Working Together for Change", Saskatchewan's 10-year Mental Health and Addictions Action Plan (MHAAP), released in December 2014 outlined seven system goals and sixteen recommendations. All recent improvement events in Mental Health and Addictions (MHA) services at Five Hills Health Region can be related back to one or more of the MHAAP recommendations. At a provincial level, an inter-ministerial Executive Steering Committee which includes representation from the health regions, Ministry of Health, Ministry of Social Services, and Ministry of Justice, Corrections and Policing, oversees

the MHAAP implementation plan. At the beginning of the 2016-17 year there were four inter-ministerial task teams that were selected as prioritized items: Housing, Supportive and Independent Living; Emergency & Crisis Responses; Improved Transitions and Appropriate and Coordinated Responses. Action items from these task groups included continued support for and promotion of Internet Cognitive Behavior Therapy and continued plans to deliver Mental Health First Aid (MHFA) workshops in the regions.

Internet Cognitive Behavior Therapy (ICBT)

Three trained MHA outpatient clinicians from FHHR provide ICBT services in a partnership project involving the University of Regina and other health regions. This service, which is free to Saskatchewan residents 18 years and over, provides efficient, therapist-guided, online mental health therapy.

Mental Health First Aid Training (MHFA)

Mental Health First Aid Training is intended to build capacity in community agencies and increase their confidence in providing Mental Health First Aid when needed. There were six MHFA workshops delivered in 2016-17, training participants from public service, Holy Trinity Catholic and Prairie South School Divisions, non-profit agencies, community members and private businesses.

Applied Suicide Intervention Skills Training (ASIST)

ASIST is intended to help agency members build capacity, competence and confidence when responding to an individual who is contemplating suicide. Three training events were held in 2016-17 in Moose Jaw and Assiniboia.

Partners for Change Outcome Management System (PCOMS)

PCOMS is an empirically supported outcome measures system that helps us to understand how our clients are progressing and also provides data that will inform program and service delivery improvement requirements. PCOMS has been well implemented in the adult outpatient area for several years, and was implemented in the child and youth outpatient and entry-level group-based services in 2016-17.

Stepped Care Approach

We have been on the stepped care journey for a few years, with a lot of work still to be done with respect to culture change, both within the organization and the larger community, in terms of expectations of specialized MHA care delivery. In essence, stepped care is about providing the most appropriate level of care to clients and making the best use of reliable resources. An example of this is the shift from 'face to face' counseling with an individual clinician to other types of services such as ICBT or group service, both which have been researched and demonstrated to be equally effective treatments. Another example is the shift to build capacity in primary care practitioners and other front line staff (in Health as well as other sectors such as Social Services, Corrections, Police and Education) to provide basic mental health and addictions care to individuals with mild to moderate presentations.

MHA Electronic Health Record

During 2016-17, one of our MHA Directors was on a part-time secondment to eHealth with a task to assist in development of a provincial MHA electronic solution. Work is underway to build a provincial electronic health record system which includes Level of Care Utilization System (LOCUS) which will provide assistance to health regions to determine 'the right fit, at the right time, in the right amount' for individuals seeking care through MHA clinics and MH inpatient units. System testing will take place in May 2017 and once in place will provide opportunities for increased efficiency in provider workflow,

improved communication between providers and ultimately a better service experience for our customers.

Recovery Services

The Recovery Program works to support individuals in a number of ways including overcoming or managing their disease or symptoms, having a safe and stable place to live, having meaningful daily activities, and having relationships and social networks in the community. The program supports individuals through a process of change in which they improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The Recovery team has been consistently meeting service targets through the use of LOCUS to determine frequency of service need and the development of a larger inventory of service options delivered by inter-disciplinary team members.

On October 18, 2016, the Recovery Program held their first annual Recovery Journey Awards. It was an afternoon where clients with serious and persistent mental illness were honored in their journeys toward recovery. Awards presented included recognition of these individuals' positive journey experiences in the areas of Courage, Perseverance, Inspiration, Healthy Lifestyle, Community Involvement, Reducing Stigma and Advocacy. The event was appreciated by the nominated individuals as well as their family members. One parent wrote: *"It was heartwarming to witness the joy, pride of members and families throughout the occasion. So often, this group of men and women are made to feel marginalized. For a few moments on this afternoon...they were validated, honored and encouraged to continue pursuing personal success"*.

Public Health Services

Public Health Services (PHS) focuses on prevention, health protection, and population health promotion. PHS provides a range of services, programs and functions, including:

- public health nursing
- public health inspection
- communicable disease control, investigation, and follow-up
- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Teen Wellness Clinic
- Needle Exchange Program (NEP)
- ongoing communications with media outlets
- newcomer services

Prevention

Prevention of disease is the best way to improve the health of the population, thereby reducing wait times and alleviating pressures on hospitals. Some of the areas of focus over the past year include:

- Supports to Pregnant and Parenting Families
- Immunization Programs
- Reduction of Sexually Transmitted Infection (STI)
- Prevention and Mitigation of Blood-Borne Pathogens (BBP)
- Support to Newcomers and their Families
- Speech Language Pathology

Protection

Public Health Services staff are always available to ensure the public is protected in cases of outbreaks and emergencies.

Emergency Response

- Preparations for Level Four Infection Control have been undertaken, involving Infection Prevention and Control, ER, and Public Health Services. This includes preparation for potential pathogens such as Ebola, MERS-COV and Avian influenza.

Mitigating the Effect of Zika-Virus

- A key focus in this area has been sharing information with clinicians and others regarding the prevention and mitigation of Zika-Virus infection, especially in pregnant women and those planning a pregnancy.

Public Health Inspection

- The Ministry of Health requires that Public Health Inspectors complete at least one inspection per year on Category 1 facilities. Five Hills has once again achieved 100% completion of these mandatory inspections.

CATEGORY 1 FACILITIES	# OF PREMISES OPEN	TOTAL # OF INSPECTIONS	# OF PREMISES WITH MINIMUM ONE INSPECTION	2016/17 COMPLETION RATE
Public Eating Establishments	332	468	332	100%
Public Water Supplies	37	53	37	100%
Swimming Pools	21	65	21	100%
Whirlpools	7	20	7	100%
Paddling Pools	7	18	7	100%
Slaughter Houses	2	2	2	100%
Ice Arenas	21	21	21	100%
Licensed Accommodations	33	34	33	100%
Personal Service Facilities	8	11	8	100%
Food Processors	34	39	34	100%
Total	**502**	**731**	**502**	**100%**

Animal Bites/Exposures

- From January 1, 2016 to December 31, 2016 Public Health Inspectors investigated 122 animal bites and/or exposures. The large majority of animal exposures in the Region are by dogs, followed by cats and wild animals such as bats.

- The majority of animal exposures were by the owner's own pet, followed by wild animals, someone else's pet and strays.

Health Promotion

Health Promotion endeavours focus largely on supporting the population within the Region. This has included various projects over the past year:

- Fluoride Varnish Program
- Dental Sealant and Fluoride Varnish Program
- School Based Fluoride Mouthrinse Program
- Community Water Fluoridation
- Healthy Weights
- Food Security
- Drug Strategy
- Comprehensive School Community Health (CSCH)
- Age Friendly Community
- Poverty Reduction
- Tobacco Reduction
- Violence Reduction

Continuing Care Services

Continuing Care services, including Home Care services and Institutional Care, are generally provided to a population of the elderly persons over the age of 75 years. The continuing care program includes the primary home care services of assessment, case management and care coordination of home care nursing, home care personal care, home care outpatient ambulatory services, respite care, meal service as well as individualized funding. Institutional supportive care includes long term care, transitional/alternate level of care (not acute care), respite care, palliative care, inpatient geriatric assessment and rehabilitation and podiatry services.

The Five Hills Access Centre (FHAC) provides a single point of entry to Continuing Care services. The primary focus of the Access Centre is client-centered assessment and case management services. All referrals for Continuing Care services in the Region including home care, respite, palliative care, long term care, and transition services are managed through the FHAC. FHAC is also responsible for discharge planning services from the regional and community hospitals, coordination of admissions/discharges to transition, respite, palliative and long term care beds throughout the Region.

The Home Care program is intended to provide needed care and support to individuals to retain maximum independence at home while supporting the greatest extent of available individual, family and community resources. Individuals requiring home services participate in identifying care needs, establishing care goals and developing plans to meet those goals.

Special Care Homes (SCH) provide the institutional long term care services as part of the continuum of care within an integrated health care system. A SCH provides 24-hour, supervised institutional long term care services to meet the needs of individuals whose care needs are not able to be appropriately met in the community.

Commonly known as nursing homes, SCHs provide an environment in which individuals can achieve and maintain the highest level of independence and quality of life possible. The Special Care Homes Program Guidelines are considered the minimum standards of care and must be maintained in all publicly funded facilities that offer long term care services to residents. The Guidelines incorporate a resident and family-centered approach to services provided in a home-like environment with a focus on quality for the individuals that require this level of care.

Institutional supportive care is available to over 530 long term care residents in the Region. In addition, Five Hills offers 14 Geriatric Assessment and Rehabilitation beds. Over half (65%) of institutional long term care support is provided by affiliate (Providence Place and St. Joseph's/Foyer d'Youville) and contracted organizations (Extendicare).

Long term care services are provided in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, Gravelbourg and Moose Jaw. Community-based clients are further supported with adult day programs located at Providence Place in Moose Jaw and Central Butte Regency Manor in Central Butte. The Adult Day Program provides numerous services and supports for community members as well as social interaction for seniors.

The Minimum Data Set (MDS) is a tool currently utilized in all SCH facilities in the province to assist with assessment, care planning and monitoring quality of care delivery. The MDS generates quarterly reports for every long term care resident that assists the SCH in resident care planning and advancing quality initiatives. MDS provides quality indicators that identify strengths in care provided and areas where improvement can be made. All Regional facilities incorporate MDS and continue to monitor quality indicators to provide quality care.

Patient and Family Centred Care

Patient and Family Centred Care (PFCC) is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds, beliefs, and preferences of patients and their family members of diverse backgrounds by working collaboratively with them. It is grounded in mutually beneficial partnerships among patients, families and healthcare providers.

PFCC is becoming a culture in our region. Staff and leaders are embracing the concepts and engaging patients and family members across the board.

Overview

Patient and Family Centered Care Steering Committee

A steering committee was launched in April with the purpose of leading and supporting the adoption of PFCC throughout the Health Region. The steering committee is comprised of five Patient/Family Advisors (PFAs) and a cross-section of FHHR staff. While the committee is still in a formative stage it has provided feedback into a number of important regional initiatives such as the roll-out of the Healthcare Directive project, giving input on the most effective way to reach the public with information to help them plan for their future medical care, or into informational material intended for patients and families such as the "Preventing Surgical Site Infections" fact sheet.

Adoption of Open Family Presence Policy

The Provincial Open Presence Policy was rolled out across the Region during the second quarter. In essence, the Open Presence Policy guides a move away from restricted visiting hours in health care facilities toward a welcoming of families twenty-four hours a day, seven days a week, according to the patient's preference. We have completed two audit sessions and found that our residents, family members, and patients are feeling welcomed in our facilities and are able to stay with and participate in their loved one's care to the degree that they wish.

Improvement Events

PFAs were involved with eight improvement events, three Standard work events, and a Stop the Line event. PFAs assisted us in events aiming to:

- Reduce Operating Room slate time
- Improve identification of seniors who would benefit with Home Care involvement after an Emergency Department visit
- Reduce readmissions for patients admitted to the medical unit
- Improve scheduling of home care nursing visits
- Improve the registration processes at the Dr. F.H. Wigmore Regional Hospital
- Improve communication processes for clients at risk of suicide
- Improve the care pathway for COPD patients after diagnosis
- Reduce use of anti-psychotic medication use in long term care
- Building and implementation of the Stop the Line process which can be initiated by staff, patients, and family members

Education and Orientation

New staff are oriented to PFCC during general orientation. We have been fortunate to involve one of our PFAs in these sessions and it is received well by new staff.

Ongoing Regional PFA Involvement

Committee Work

PFAs participate on a number of committees including:

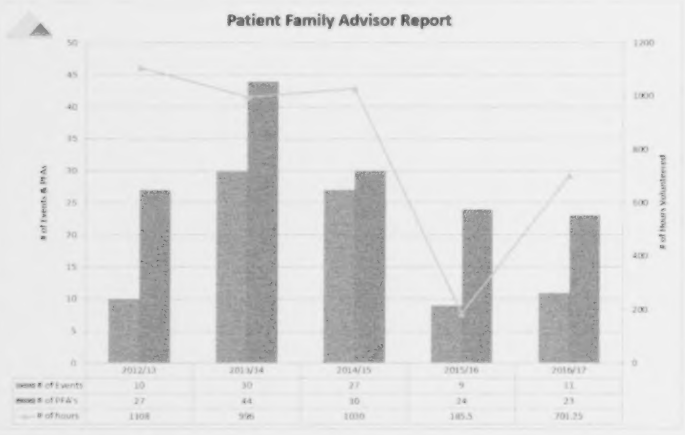
- Regional Falls Committee
- Poverty Reduction Committee
- Regional Ethics Committee
- Regional Patient Family Centered Care Steering Committee

Survey Involvement

PFAs assisted with a resident experience survey project for the Ministry of Health in long term care facilities in the fall of 2016, assisting with the completion of 224 surveys giving residents an opportunity to express their feelings about their care. Additionally, we have PFAs who assist with patient experience surveys in the Dr. F.H. Wigmore Regional Hospital acute units, giving feedback to managers to allow them to improve and change processes in a timely manner.

Provincial Involvement

One of our PFAs is participating in a provincial working group to build a mental health outpatient survey that we hope to have approved by the provincial mental health team. In addition, our Director of Community Engagement serves as the Co-Chair and a local PFA serves as a member with the provincial PFCC guiding coalition.



The number of formal improvement events occurring in our region slowed once we moved into the new hospital. However, we have increased the involvement and hours in ongoing work which signifies the adoption of our region as a whole.

Quotes from Improvement Events

"I was very proud to be a part of the provincial patient experience working group. I think we created a survey that I would feel comfortable doing."

Lindsey F., Patient/Family Advisor, Patient Experience Survey Working Group

"From a patient/family advisor perspective it is nice to know how much work is being done to make "my" surgical experience as smooth and safe as possible. It was confusing at first to understand why briefing wasn't being done as a team as it seems to me to be a safety net for all team members, including the patient."

Marlene G., Patient/Family Advisor, Rapid Process Improvement Workshop # 50

Health Care Organizations

The Region either directly delivers health services through its staff or contracts with other agencies for the provision of services. These contracted agencies are referred to as healthcare organizations (HCOs) and include all private sector, community-based, and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. HCOs are accountable through and to the Five Hills Health Region. Contracts are with the following HCOs and private providers to deliver health services:

Canadian Mental Health Association, Moose Jaw Branch, provides community education and awareness of mental illness.

Extendicare operates a 110-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and nine-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness in Moose Jaw.

Wakamow Manor operates a 20 bed (plus two transitional beds) social detox centre in Moose Jaw for drugs and alcohol.

GOVERNANCE

Five Hills Health Region is governed by a nine-member Five Hills Regional Health Authority (FHRHA), appointed by the Lieutenant Governor in Council and accountable to the Minister of Health. The members of the FHRHA, also referred to as the Board, represent a mixture of rural and urban backgrounds. The members are Elizabeth (Betty) Collicott, Chairperson, of Moose Jaw; Brian Martynook, Vice Chairperson, of Moose Jaw; Donald Shanner of Moose Jaw; Grant Berger of Central Butte; Janet Day of Avonlea; Gwen Eyre of Craik; Alvin Klassen of Central Butte; Tracey Kuffner of Glenworth; and Carol Wittman of Moose Jaw.

The roles and responsibilities of the FHRHA are set out in *The Regional Health Services Act* and in their General Bylaws. The Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides throughout the Region, namely:

- Strategic planning
- Fiscal management and reporting
- Relationships with stakeholders
- Quality management initiatives
- Monitoring, evaluation and reporting of performance indicators
- Monitoring, management and performance of the Authority and Chief Executive Officer

The FHRHA Planning Committee (a committee of the whole) carries out the functions of Audit, Finance, Human Resources, Quality, Safety, Risk, Strategic Planning and other functions as may be required by the Board. The Planning Committee is supported by the Executive Committee whose membership consists of the Chairperson, Vice Chairperson and one other Board member. The Authority also utilizes ad hoc committees as necessary (i.e. HR Committee) whose membership will consist of Board Members, the Chief Executive Officer and members of the Senior Leadership Team as required.

Pictured above is the 2016-17 Five Hills Regional Health Authority Board
Front row left to right: Gwen Eyre, Betty Collicott (Chairperson), Brian Martynook (Vice Chairperson)
Back row left to right: Donald Shanner, Alvin Klassen, Janet Day, Tracey Kuffner, Grant Berger
Missing: Carol Wittman

COMMUNITY ADVISORY NETWORKS

The Regional Health Services Act, Section 28 states:

> *28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
>
> *(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
>
> *(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix B provides a listing of organizations with whom the Region interacts.

ALIGNMENT WITH STRATEGIC DIRECTION

Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Vision

Healthy People – Healthy Communities

Values

Respect, Accountability, Engagement, Excellence, Transparency

Our Vision, Mission and Values along with the Region's Strategic Plan for the 2016-17 year, set a clear sense of direction for our leadership team, staff and physicians as we provide health services to our customers and their families. Many sources were involved in the development of the strategic plan, including the Saskatchewan Ministry of Health, the Patient First Review, Accreditation Canada, Health Quality Council, Community Consultations, Customer Feedback and Staff and Physicians of the Five Hills Health Region.

As in past years, the Region continues to focus on the four Provincial enduring strategies in order to make improvements to the health system – **Better Health, Better Care, Better Value** and **Better Teams.**

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Better Teams
Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

We are organized into "service lines"' intended to bring areas of specialty with overlapping areas of patient/client focus. Each service line identifies areas of operational performance needing improvement

or continuous monitoring and develops targets and goals associated with these. These are outlined in the following pages, organized according to the domains of quality, cost, delivery, safety, and morale.

Quality

- Services received by the patient **must fit their precise intended use** while serving the patient's needs.
- Services **must meet patient requirements** and conform to their specifications.
- Services must be **accompanied by excellent service** before, during and after delivery.

Cost

- Products and services **must be cost-effective.**
- Services must be **costed effectively**.
- Concentrated efforts are made to **eliminate waste** and to do only those things that **add value to the patient**.
- **Costs are controlled with suppliers and vendors** in order to result in lower costs for products and services.

Delivery

- **Superior delivery** of services is critical.
- Patients must receive **the right service**, in the **right place**, at the **right time**, in the **right manner**.
- Services must be **timely, reliable** and **courteous.**
- Patients expect reliable services so that they are assured we will meet their needs in the future.

Safety

- The importance for the **patient** of **safety** in using our services is paramount.
- Full satisfaction to the patient also means ensuring **safety** for **all employees** who provide the services.

Morale

- Service reliability and high quality require that people have high morale and competence.
- **Employee morale** and **education** are **critical aspects to full patient satisfaction.**
- Patients must be assured that the people who deliver their services really understand and care about doing a good job.

SERVICE LINES

Clinical Services
Community Health Services
Continuing Care Services
Support Services

PROGRESS IN 2016-17

Over the past year, significant focus was placed on the Region's **Values and Principles** which guide the delivery of healthcare services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our Health Region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our Health Region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the Health Region

The following is a summary of the major initiatives undertaken in the 2016-17 year.

PROGRESS UPDATE 2016-17

Each year, outcome measures and stepped targets are established by the Ministry of Health and adopted as part of FHHR's strategic plan for the year. Progress is monitored toward these targets throughout the year.

Provincial Outcome: By March 31, 2019, there will be a 60% reduction in Emergency Department wait times.

Target and Progress: *By March 31, 2017, 100% of all Medical/Surgical Units will have interdisciplinary rounds in place (IDR) in tertiary and regional hospitals.*

- Although interdisciplinary rounds have been in place for several years at our regional hospital, effort was spent this year to increase the quality of these rounds to ensure more effective communication between care providers and the patients/family members.

Target and Progress: *By March 31, 2017 alternate level of care (ALC) data will be captured in 100% of medical and surgical units across Saskatchewan.*

- We achieved this target. ALC indicates that a client is receiving a level of care that is no longer required and are waiting for placement at an appropriate level of care.

Target and Progress: *By March 31, 2017 a patient profile and community care strategy will be developed for ALC and complex frail elderly population*

- This work did not move forward this year.

Provincial Outcome: By March 31, 2019, there will be increased access to quality Mental Health and Addiction services and reduced wait time for outpatient psychiatry services.

Target and Progress: *Progress made across ministries on the recommendations in the Mental Health and Addictions (MHA) Action plan.*

- Work was completed this year in key areas in relation to this target including:
  - Six Mental Health First Aid workshops held in our region and encouraged participation from Emergency Department staff and Moose Jaw Police Service
  - Implemented the use of LOCUS (a tool to support a stepped approach to MHA care, making it easier to apply the right level of resources to match a client's needs) with centralized intake and outpatient services
  - Increased the integration of MHA services in primary health care to support early detection of MHA related issues

Target and Progress: *By March 31, 2017 meet triage benchmarks for outpatient Mental Health and Addiction Services 100% of the time and for contract and salaried psychiatrists 50% of the time.*

- We are meeting these benchmarks.

Provincial Outcome:

By March 31, 2017, people living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization related to six common chronic conditions (DM, CAD, COPD, CHF, Depression, and Asthma).

Target and Progress:

By March 31, 2017, there will be a 50% improvement in the number of people who say, "I can access my Primary Health Care (PHC) provider on my day of choice either in person, on the phone, or via other technology."

- Survey results have consistently indicated that over 90% of PHC patients indicate they can access service on their day of choice.

Target and Progress:

By March 31, 2017 45% of patients with four common chronic conditions (diabetes management (DM), coronary artery disease (CAD), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD)) are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical records (EMR's) and the EHR viewer.

- Regional data showed that COPD was our most common chronic condition and resulted in the most frequent Emergency Department visits and subsequent admissions. A team was formed between the clinical, continuing care, and community health service lines recognizing the interdependence between all areas in supporting this work. The work accomplished this year laid the foundation to begin improvement work with clients in 2017-18.

Provincial Outcome:

By March 31, 2020 seniors can access supports to remain at home, allowing them to progress into other care options as needs change.

Target and Progress:

By March 31, 2017 100% of long term care staff are trained on all modules of the Program Guidelines for Special Care Homes.

- This work is complete.

Target and Progress:

By March 31, 2017, 67% of long term care facilities will have implemented Purposeful Hourly Interaction (PHI).

- PHI has been implemented in all LTC facilities. PHI is the practice of intentional interaction with long term care residents to address basic care needs during any and all interactions with the resident. The needs of residents are being anticipated and staff place greater focus on meeting the needs of the resident during each interaction. It is based on the premise when basic needs are met, both physical and mental, quality of life is improved. Every staff member takes part and plays a role in purposeful, meaningful interaction. It is as simple as asking the question, "Is there anything else you need before I leave?".

Target and Progress:

By March 31, 2017, 100% of Saskatchewan LTC facilities meet the benchmark targets established for the seven quality indicators.

- We achieved benchmark targets related to:
  - Physical Restraints
  - Use of Antipsychotics
  - Pain Worsening
  - Pressure Ulcers – New
  - Pressure Ulcers – Worsened
- We did not achieve targets related to:
  - Bladder Continence (Target 16%, Actual – 17.08%)
  - Falls in last 30 days (Target 9%, Actual – 10.88%)

Target and Progress:

By March 31, 2017, the percentage of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase to 80%.

- We were not able to impact this target. We ended 2015-16 with an average of 75% and maintained this average throughout 2016-17.

Provincial Outcome:

To achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.

Target and Progress:

By March 31, 2017, all health regions and the cancer agency will achieve a 100% score on their Safety Alert/Stop the Line implementation assessment.

- Safety Alert/Stop the Line empowers patients, family members, and staff to stop any activity that seems unsafe or that has resulted in an unsafe situation, in order to bring together the care team to fix the situation. It also includes a formalized method of escalating the concern until it reaches resolve. We completed the work required this year to achieve 100% on the implementation assessment.

Target and Progress:

By March 31, 2017 all health regions and the cancer agency will have investigated incidents of injury involving shoulder and back to root cause.

- We have had a formal process in place for several years that pairs a member of the Senior Leadership Team with an operational leader to investigate every lost time incident to root cause.

Target and Progress:

By March 31, 2017, all health regions and the Cancer Agency will implement the Safety Management System.

- We continued to make progress toward this target but did not achieve it.

Target and Progress:

By March 31, 2017, >95% of care transitions where clients are at risk of medication errors will have Med Rec performed.

- We have achieved this target.

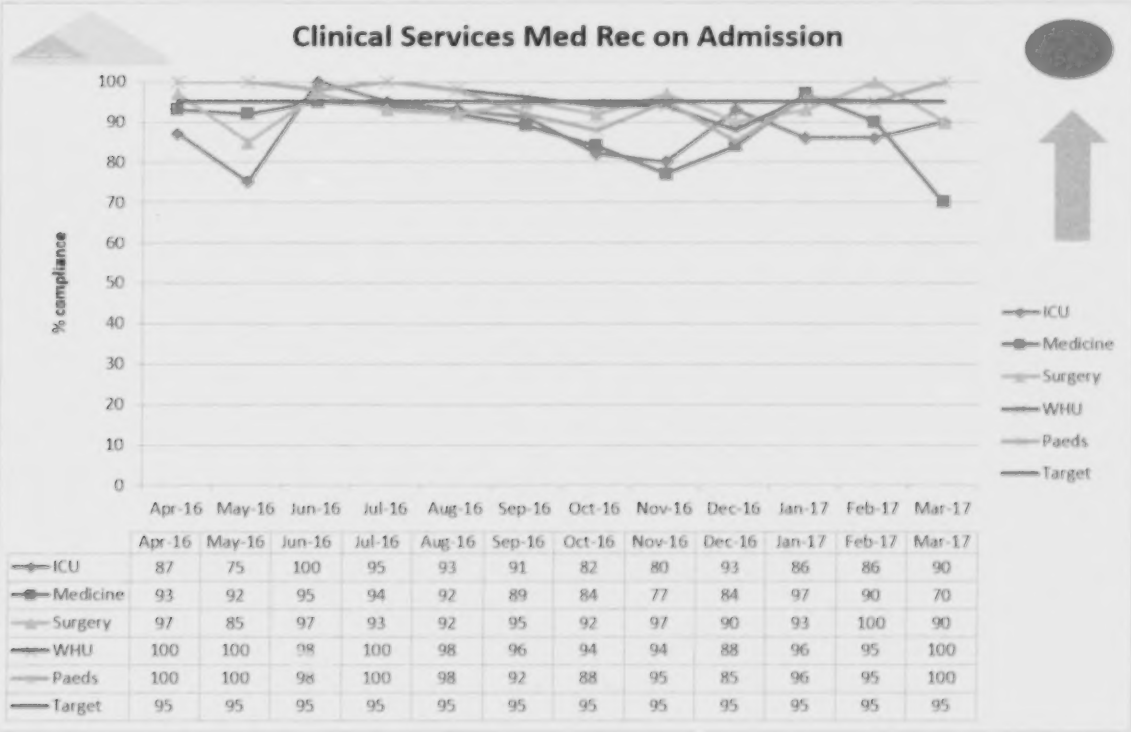
Provincial Outcome:	Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget. • We have achieved this target with a $3.6M surplus.

On the following charts, the arrow indicates the direction we want to see performance progress toward target. A green dot indicates we are meeting the target and a red dot indicates that we are not. In areas where we have not yet reached the target work continues to this end. If we have achieved the target work continues to maintain or continue to improve performance.

Clinical Services (Acute & Emergency, Surgical)

Quality

Service Line Goal: 95% Compliance with Medication Reconciliation on Admission by March 31, 2017



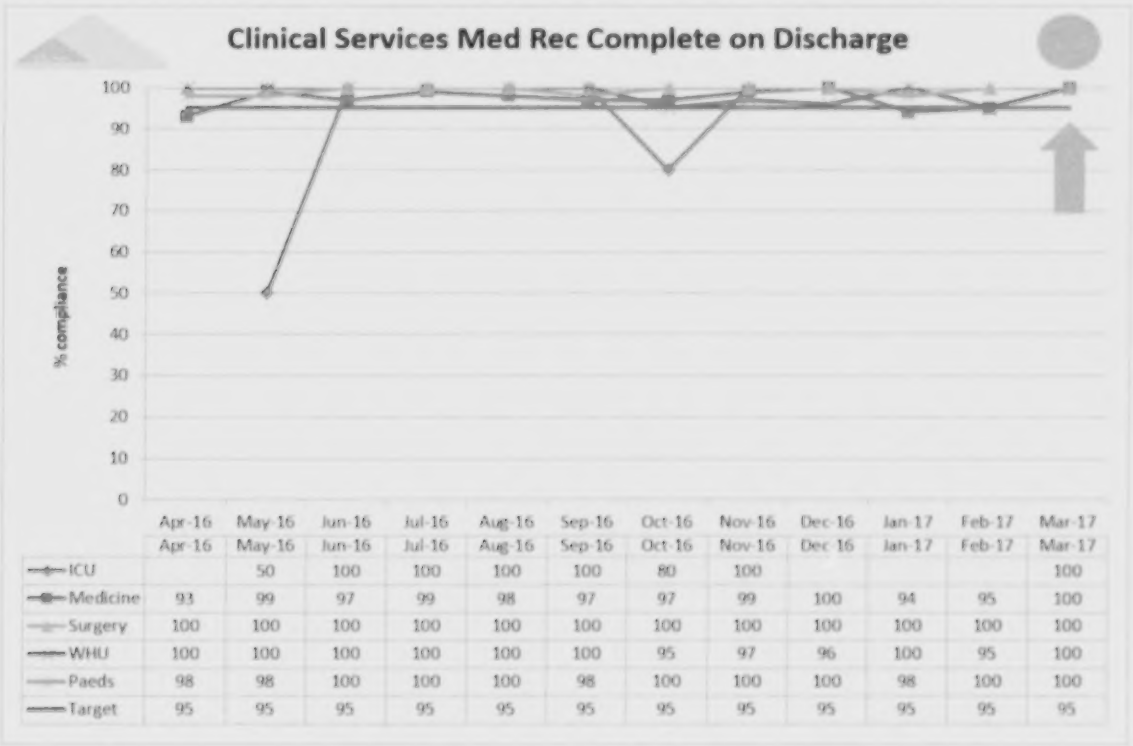
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
ICU	87	75	100	95	93	91	82	80	93	86	86	90
Medicine	93	92	95	94	92	89	84	77	84	97	90	70
Surgery	97	85	97	93	92	95	92	97	90	93	100	90
WHU	100	100	98	100	98	96	94	94	88	96	95	100
Paeds	100	100	98	100	98	92	88	95	85	96	95	100
Target	95	95	95	95	95	95	95	95	95	95	95	95

This goal was achieved in WHU (Women's Health Unit) and Paeds.

Medication reconciliation is the process of creating the most accurate list of medications a patient is taking and comparing that against the physician admission, transfer, or discharge orders with the goal of providing correct medications to the patient at all transition points.

Quality

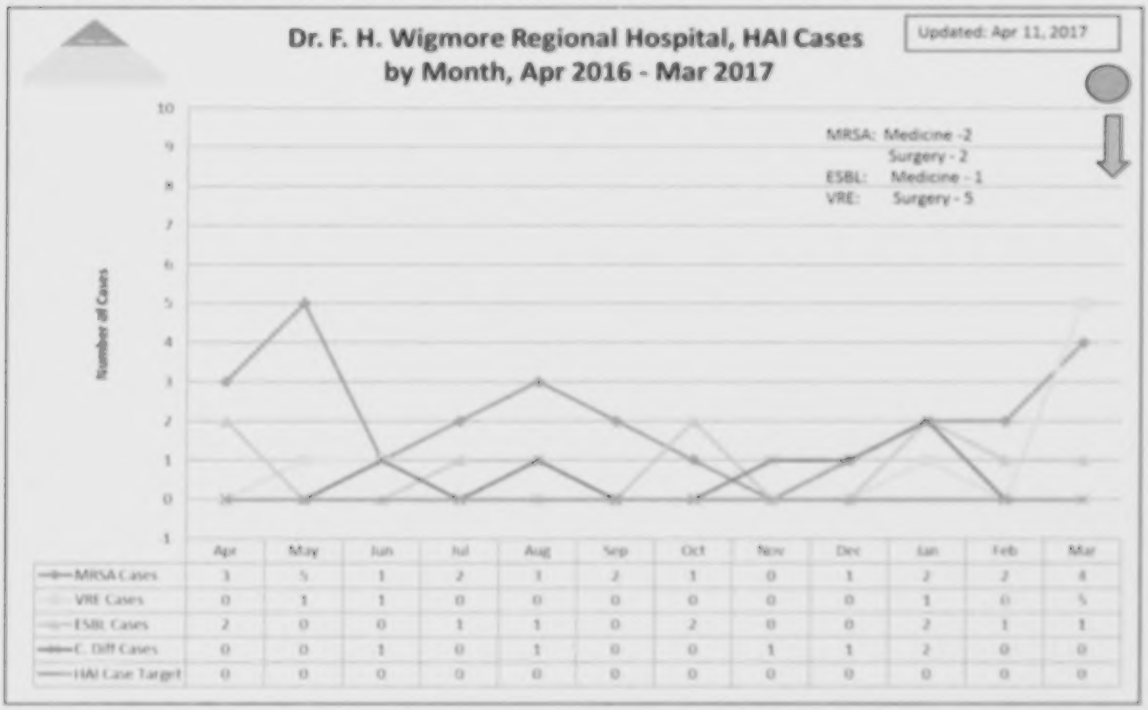
Service Line Goal: 95% Compliance with Medication Reconciliation on Discharge by March 31, 2017



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
ICU		50	100	100	100	100	80	100				100
Medicine	93	99	97	99	98	97	97	99	100	94	95	100
Surgery	100	100	100	100	100	100	100	100	100	100	100	100
WHU	100	100	100	100	100	100	95	97	96	100	95	100
Paeds	98	98	100	100	100	98	100	100	100	98	100	100
Target	95	95	95	95	95	95	95	95	95	95	95	95

Quality

Service Line Goal: Zero Healthcare Acquired Infections (HAI) by March 31, 2017



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA Cases	3	5	1	2	1	2	1	0	1	2	2	4
VRE Cases	0	1	1	0	0	0	0	0	0	1	0	5
ESBL Cases	2	0	0	1	1	0	2	0	0	2	1	1
C. Diff Cases	0	0	1	0	1	0	0	1	1	2	0	0
HAI Case Target	0	0	0	0	0	0	0	0	0	0	0	0

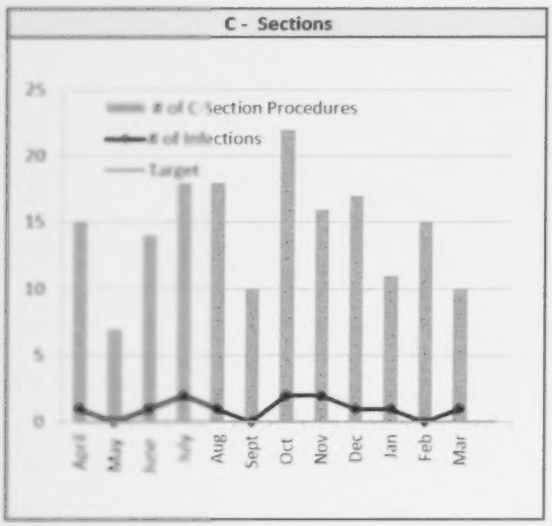
A Healthcare Acquired Infection is an infection that a patient acquires during the course of receiving treatment for other conditions within a healthcare setting.

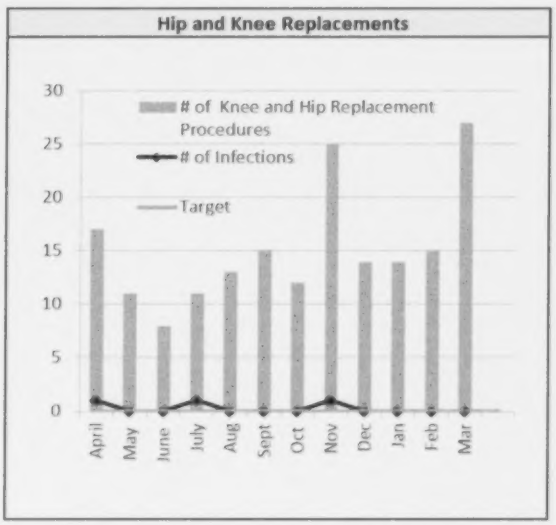
MRSA - Methicillin Resistant Staphylococcus Aureus
VRE - Vancomycin Resistant Enterococcus
ESBL - Extended Spectrum Beta-Lactamase Producing Bacteria
C. Diff - Clostridium Difficile

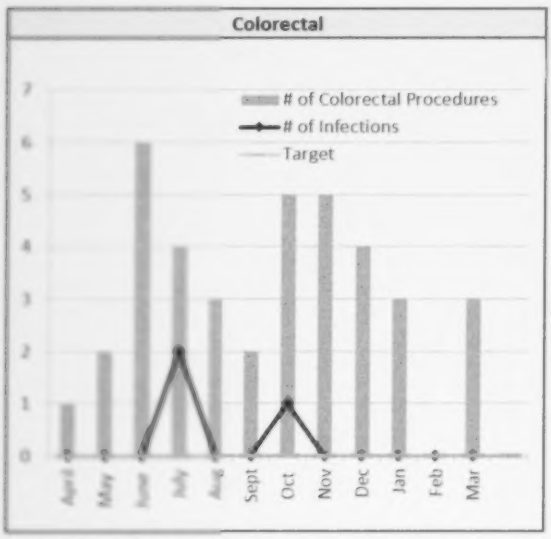
Quality

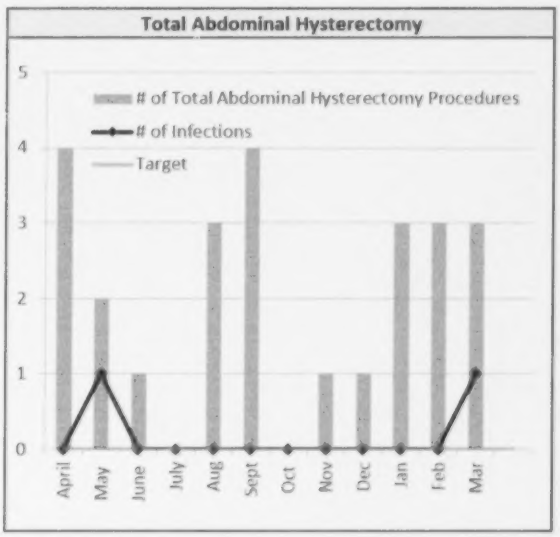
Service Line Goal: Zero Surgical Site Infections by March 31, 2017

Surgical Site Infections





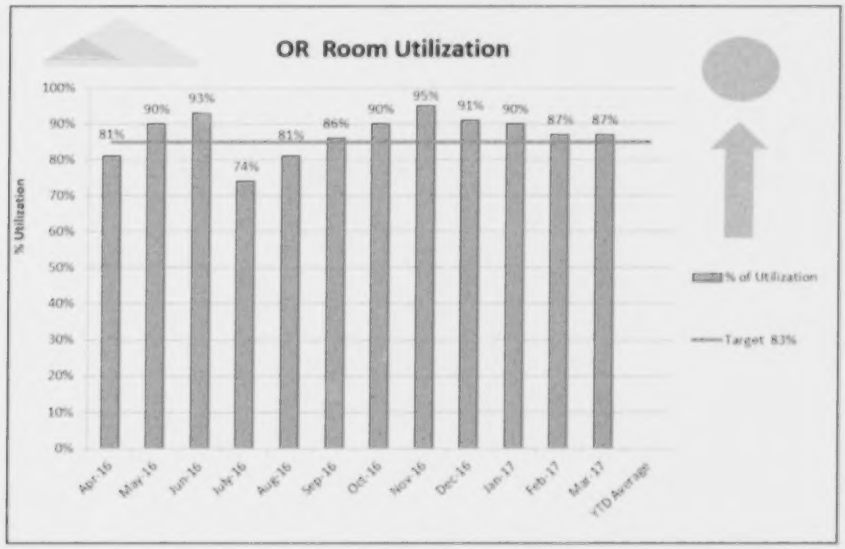




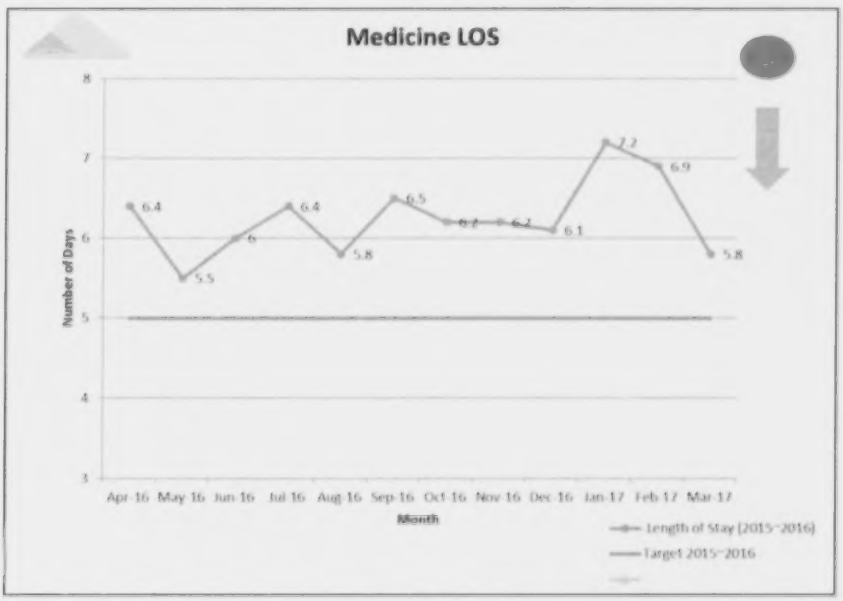
Surgical Site Infections occur in a wound created by an invasive surgical procedure.

Cost

Service Line Goal: Operating Room (OR) Utilization > 85% by March 31, 2017



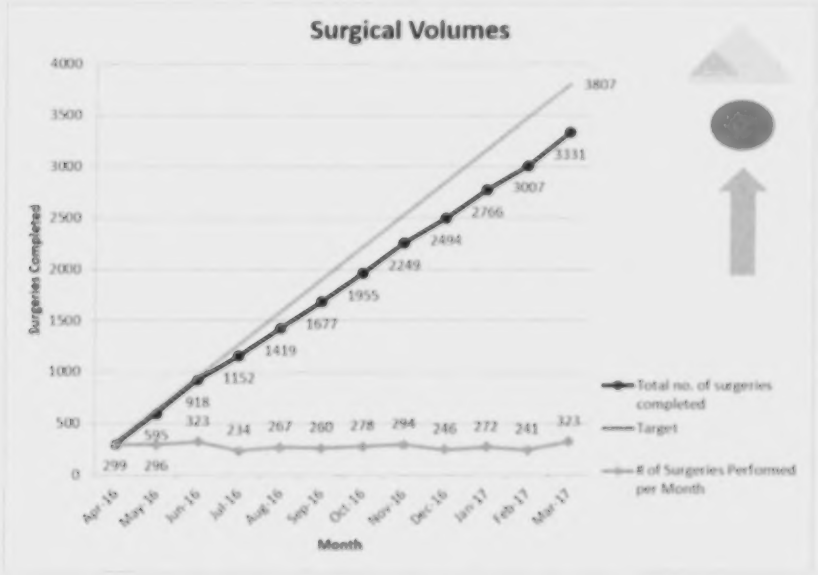
Service Line Goal: Medicine Unit to meet 5 day Length of Stay (LOS) by March 31, 2017



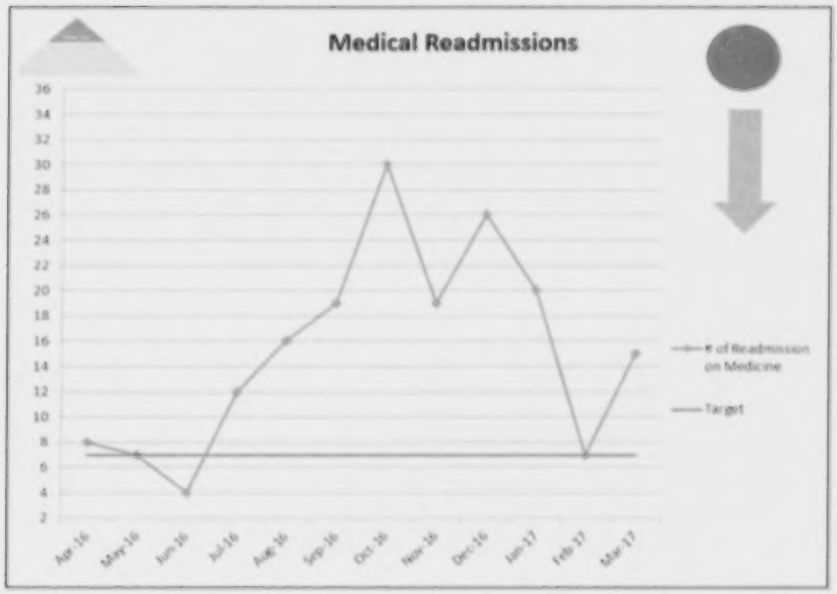
Work reducing LOS focused on eliminating system issues impeding discharge such as arrangements for care in the community, wating for discharge ordersm or waiting on equipment. Premature discharges affects our readmission rate.

Cost

Service Line Goal: To meet Ministry of Health's goal to complete 3807 surgeries by March 31, 2017



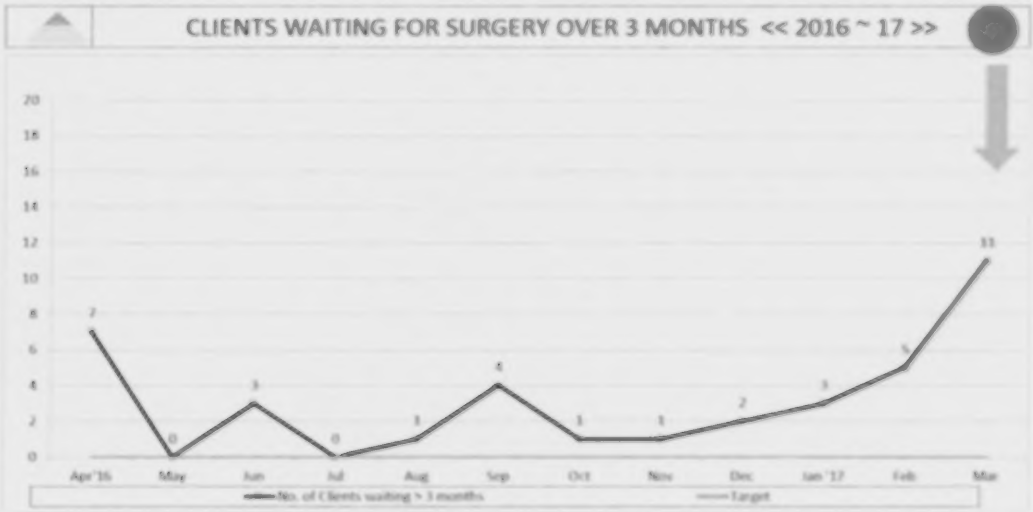
Service Line Goal: Reduce Readmissions by 10% by March 31, 2017



Readmissions are defined as an admission to the hospital for the same condition within 30 days of discharge. Readmissions can indicate inadequate preparation for discharge or insufficient care in the community post-discharge.

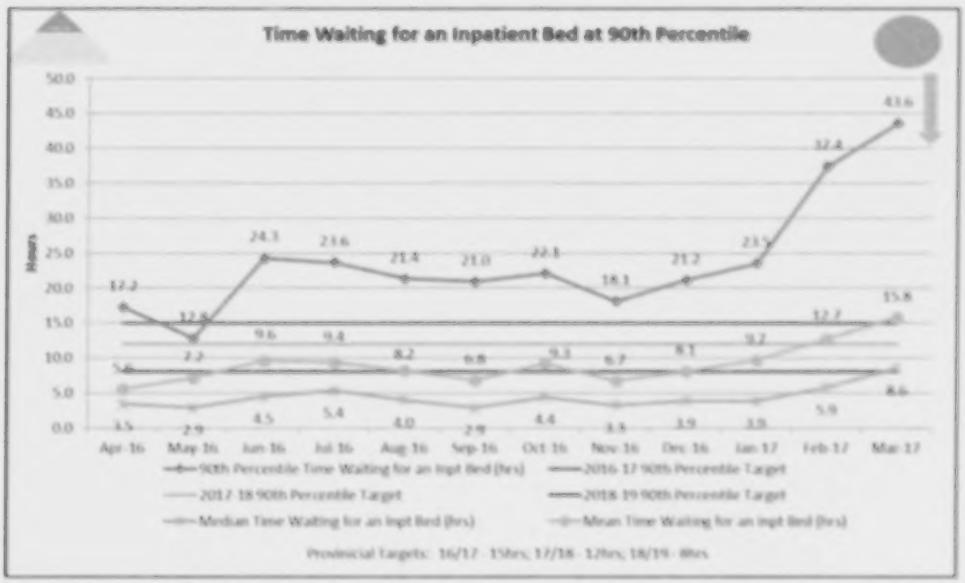
Delivery

Service Line Goal: Sustain zero patients waiting > 3 month for surgery by March 31, 2017



The surgery target was impacted by a surgeon away on leave.

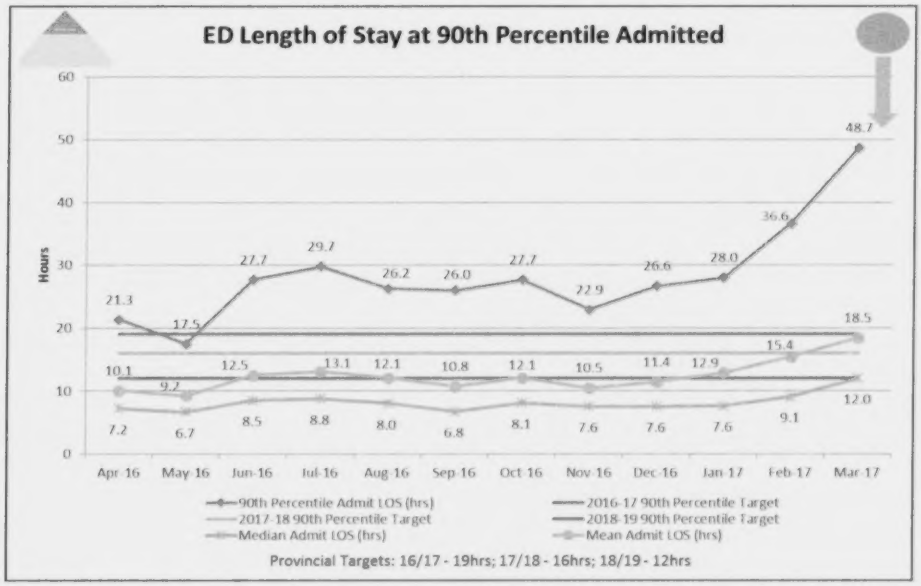
Service Line Goal: 90% of patients admitted will wait for an inpatient bed less than 15 hours



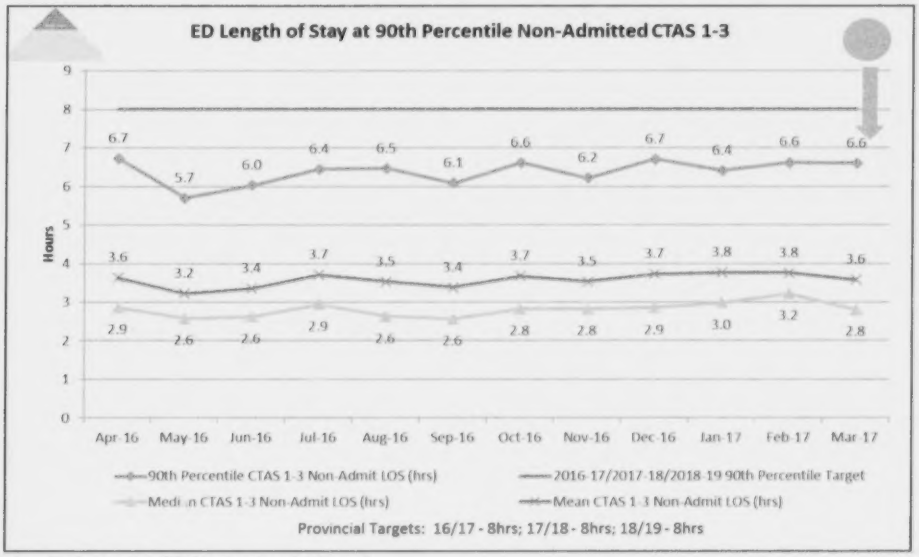
There was an increase in longer wait times for an inpatient bed in February and March due to an increase in respiratory outbreak in community facilities, as well as an increase in repiratory illness in the community.

Delivery

Service Line Goal: 90% of admitted patients be in Emergency Department (ED) less than 19 hours


ED Length of Stay at 90th Percentile Admitted
Hours
60
50
40
30
20
10
0
Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17
21.3 17.5 27.7 29.7 26.2 26.0 27.7 22.9 26.6 28.0 36.6 48.7
10.1 9.2 12.5 13.1 12.1 10.8 12.1 10.5 11.4 12.9 15.4 18.5
7.2 6.7 8.5 8.8 8.0 6.8 8.1 7.6 7.6 7.6 9.1 12.0
90th Percentile Admit LOS (hrs)
2016-17 90th Percentile Target
2017-18 90th Percentile Target
2018-19 90th Percentile Target
Median Admit LOS (hrs)
Mean Admit LOS (hrs)
Provincial Targets: 16/17 - 19hrs; 17/18 - 16hrs; 18/19 - 12hrs

Service Line Goal: 90% of non-admitted CTAS 1-3 patients will be in Emergency Department (ED) less than eight hours

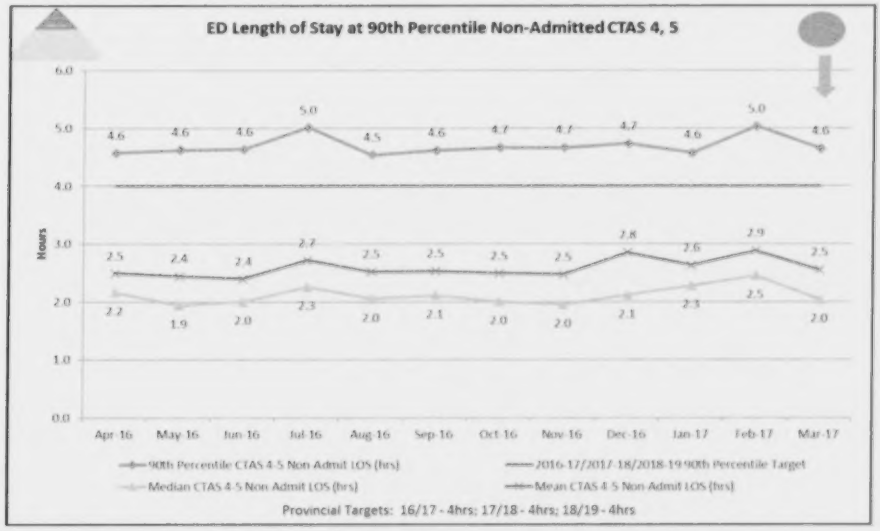

ED Length of Stay at 90th Percentile Non-Admitted CTAS 1-3
Hours
9
8
7
6
5
4
3
2
1
0
Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17
6.7 5.7 6.0 6.4 6.5 6.1 6.6 6.2 6.7 6.4 6.6 6.6
3.6 3.2 3.4 3.7 3.5 3.4 3.7 3.5 3.7 3.8 3.8 3.6
2.9 2.6 2.6 2.9 2.6 2.6 2.8 2.8 2.9 3.0 3.2 2.8
90th Percentile CTAS 1-3 Non-Admit LOS (hrs)
2016-17/2017-18/2018-19 90th Percentile Target
Median CTAS 1-3 Non-Admit LOS (hrs)
Mean CTAS 1-3 Non-Admit LOS (hrs)
Provincial Targets: 16/17 - 8hrs; 17/18 - 8hrs; 18/19 - 8hrs

90% of patients will stay in the ED for the time indicated.

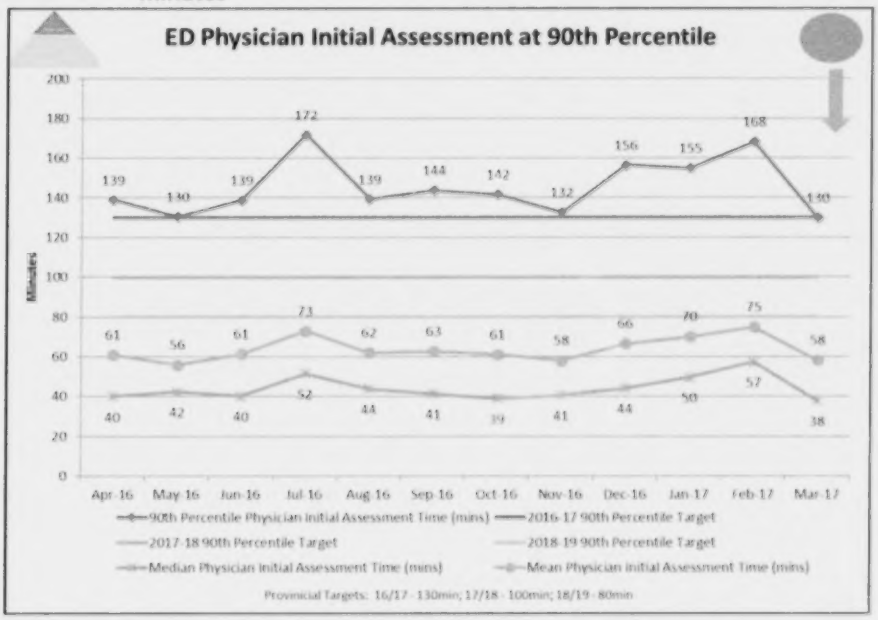
CTAS – The Canadian Triage and Acuity Scale is a tool that enables Emergency Departments to prioritize patient care requirements. CTAS 1 being highest acuity with 5 being lowest acuity.

Clinical Services (Acute & Emergency, Surgical)

Service Line Goal: 90% of non-admitted CTAS 4 & 5 patients be in Emergency Department (ED) less than four hours

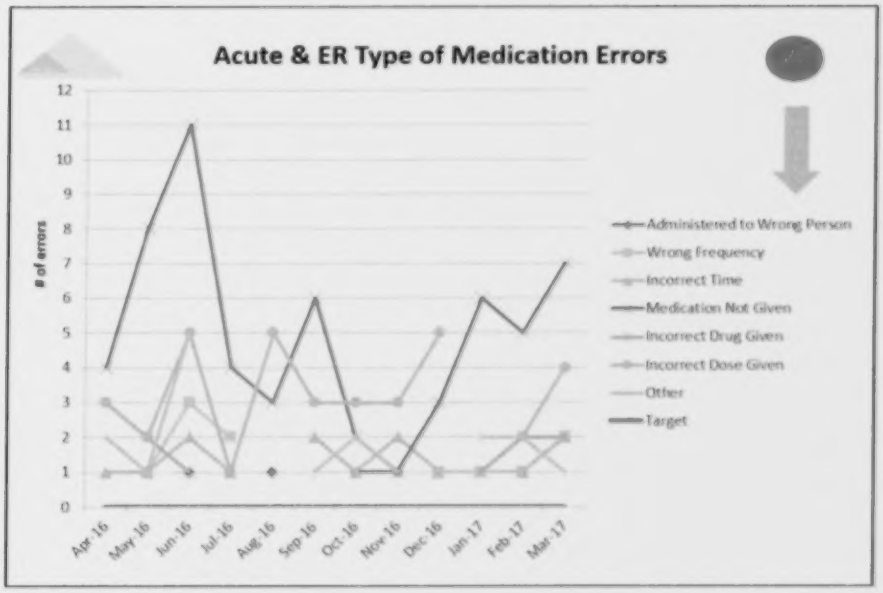

ED Length of Stay at 90th Percentile Non-Admitted CTAS 4, 5
Hours
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17
90th Percentile CTAS 4-5 Non Admit LOS (hrs)
2016-17/2017-18/2018-19 90th Percentile Target
Median CTAS 4-5 Non Admit LOS (hrs)
Mean CTAS 4-5 Non Admit LOS (hrs)
Provincial Targets: 16/17 - 4hrs; 17/18 - 4hrs; 18/19 - 4hrs

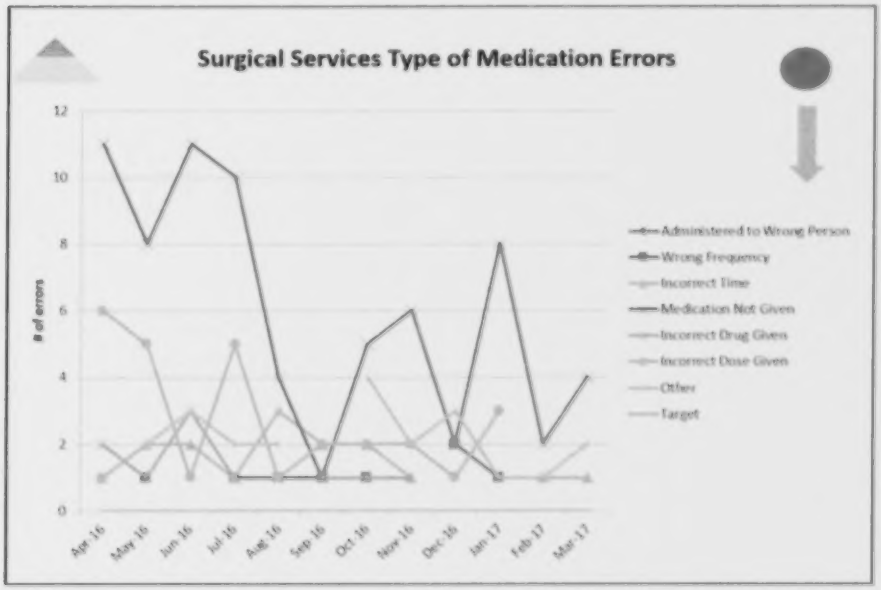
Service Line Goal: 90% of non-admitted patients will be seen by a physician in less than 130 minutes



Safety

Service Line Goal: Zero Medication Errors by March 31, 2017

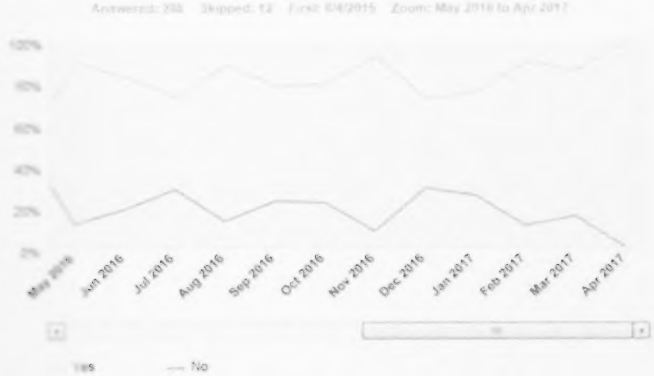




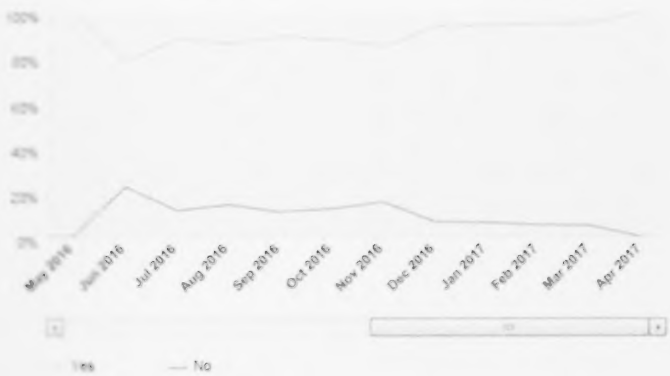
Morale

Service Line Goal: To meet patient expectation of care 100% of the time on Medicine Unit

During this hospital stay, has anyone talked to you about what has to happen with your health and care before you can leave the hospital?



Did you know your plan of care after the team did multidisciplinary rounds?



Morale

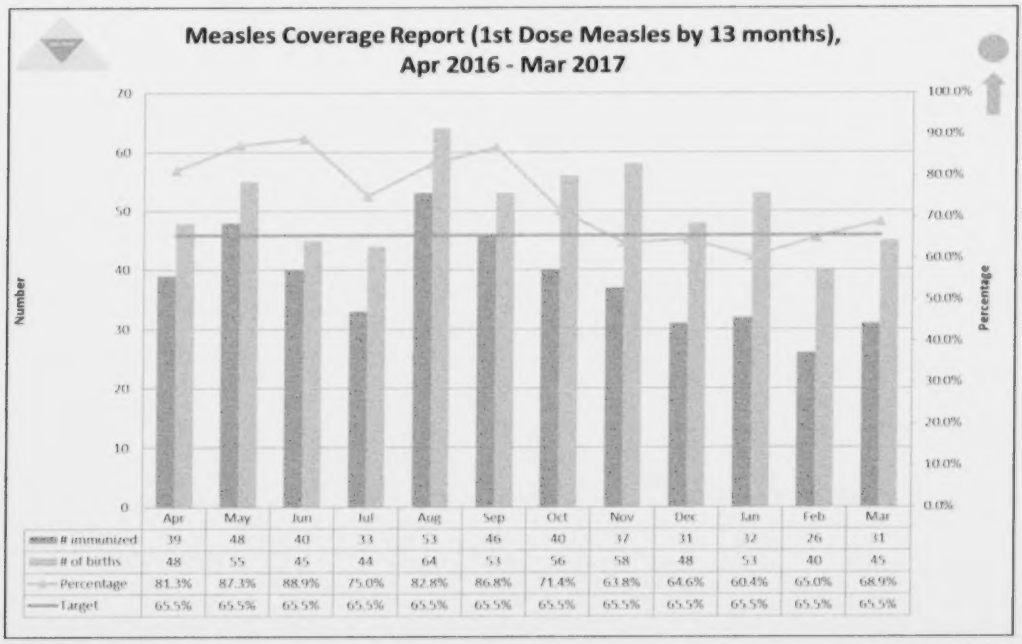
Service Line Goal: To meet patient expectation of care 100% of the time on Surgical Unit

During this hospital stay, has anyone talked to you about what has to happen with your health and care before you can leave the hospital?

Did you know your plan of care after the team did multidisciplinary rounds?

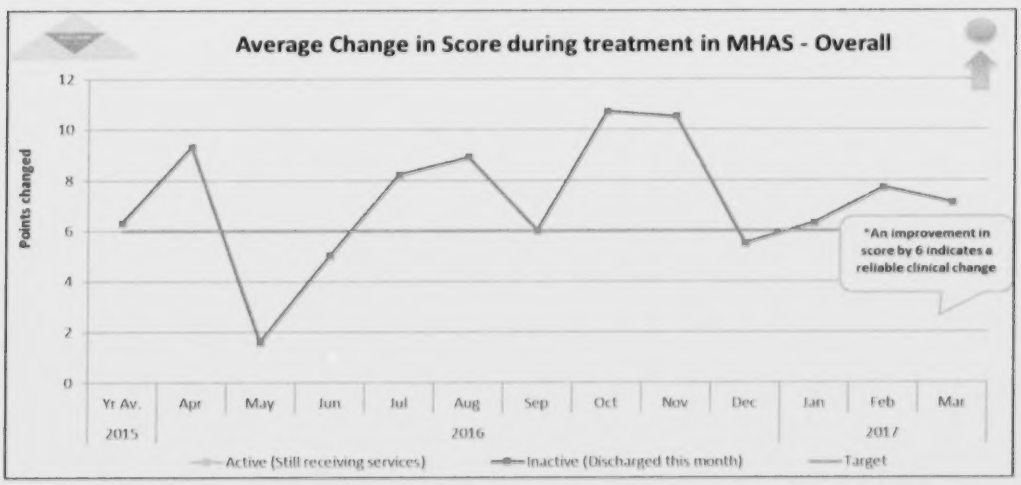
Quality

Service Line Goal: Increase measles coverage rate to 65.5%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
# immunized	39	48	40	33	53	46	40	37	31	32	26	31
# of births	48	55	45	44	64	53	56	58	48	53	40	45
Percentage	81.3%	87.3%	88.9%	75.0%	82.8%	86.8%	71.4%	63.8%	64.6%	60.4%	65.0%	68.9%
Target	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%

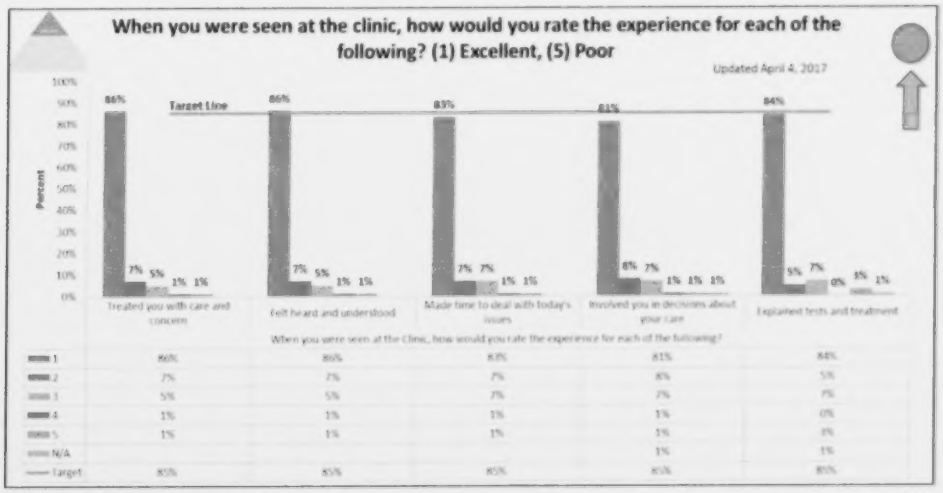
Service Line Goal: Clients in individual therapy will show a six point change in their Outcome Rating Scale (ORS) scores as indicated by the ORS tool.



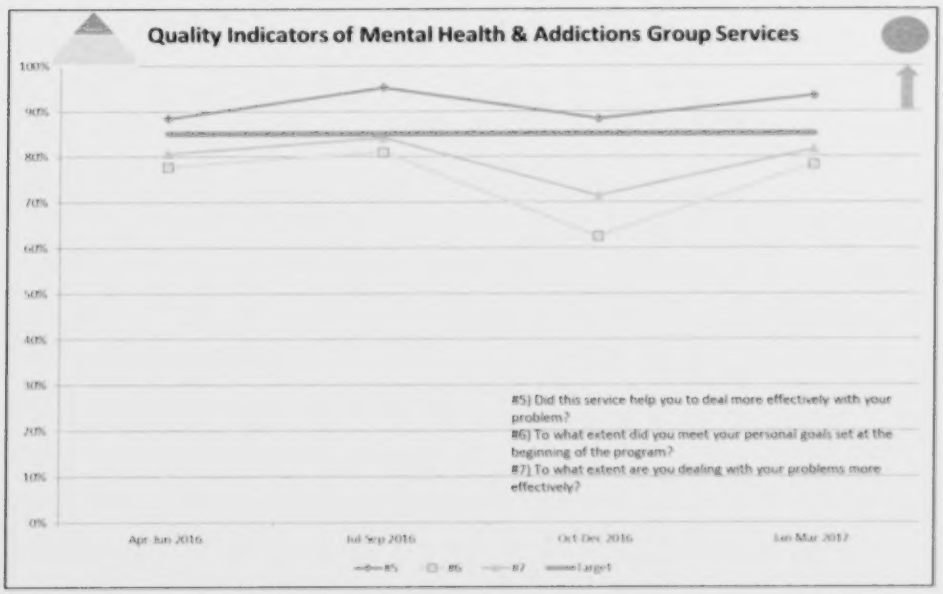
The Outcome Rating Scale (ORS) is a brief client-centered scales/measurement tools given to clients, by front-line clinicians, to evaluate their progress towards the clients' goals in therapy; and uses the "client's ideas and preferences (theories) to guide choice of technique and model". A six point improvement indicates that the individual has experienced a reliable clinical change in symptomatology.

Quality

Service Line Goal: On the survey provided clients will rate their experience at a minimum rating of 85% satisfaction.

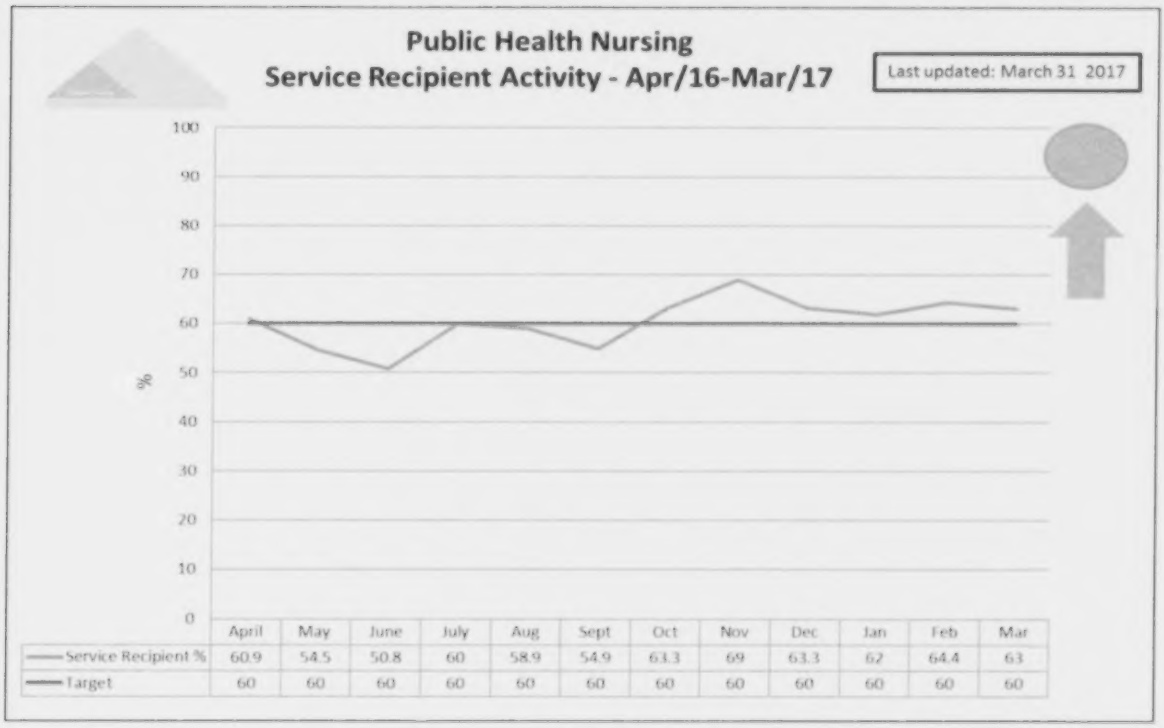

When you were seen at the clinic, how would you rate the experience for each of the following? (1) Excellent, (5) Poor
Updated April 4, 2017
Target Line
Percent
86%
86%
83%
81%
84%
Treated you with care and concern
Felt heard and understood
Made time to deal with today's issues
Involved you in decisions about your care
Explained tests and treatment
When you were seen at the Clinic, how would you rate the experience for each of the following?
1 86% 86% 83% 81% 84%
2 7% 7% 7% 8% 5%
3 5% 5% 7% 7% 7%
4 1% 1% 1% 1% 0%
5 1% 1% 1% 1% 3%
N/A 1% 1%
Target 85% 85% 85% 85% 85%

Service Line Goal: At the conclusion of their group services 85% of clients will state services exceed their expectations.


Quality Indicators of Mental Health & Addictions Group Services
#5) Did this service help you to deal more effectively with your problem?
#6) To what extent did you meet your personal goals set at the beginning of the program?
#7) To what extent are you dealing with your problems more effectively?
Apr Jun 2016
Jul Sep 2016
Oct Dec 2016
Jan Mar 2017
#5
#6
#7
Target

Cost

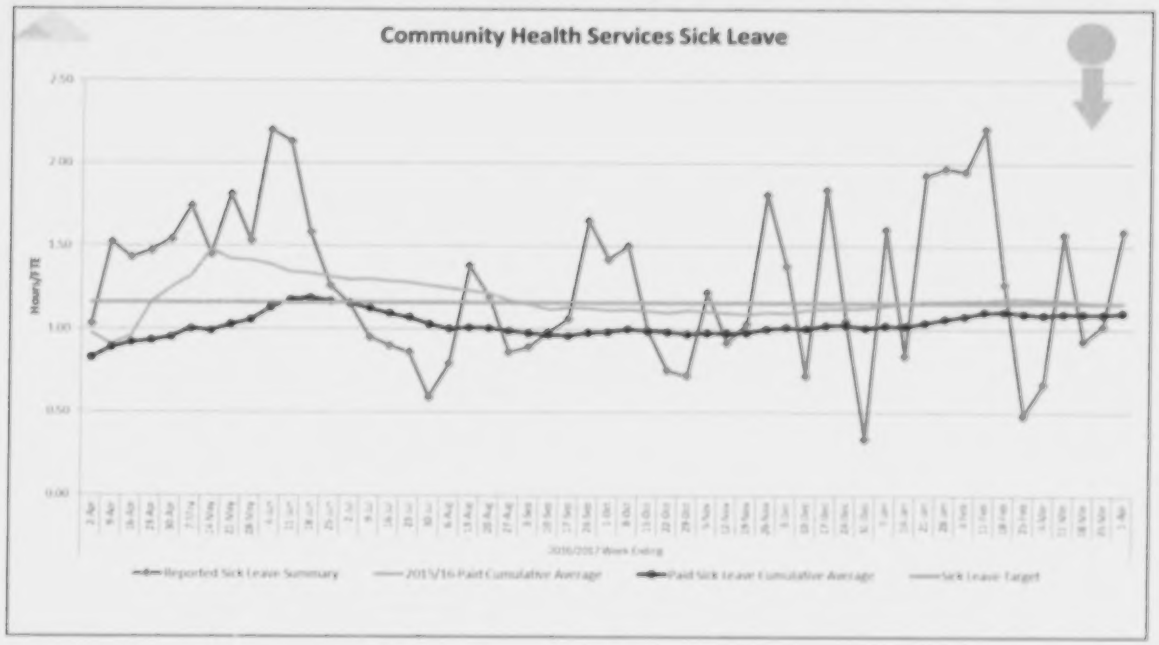
Service Line Goal: Public Health Nurses will maintain direct service recipient activity at a minimum of 60%



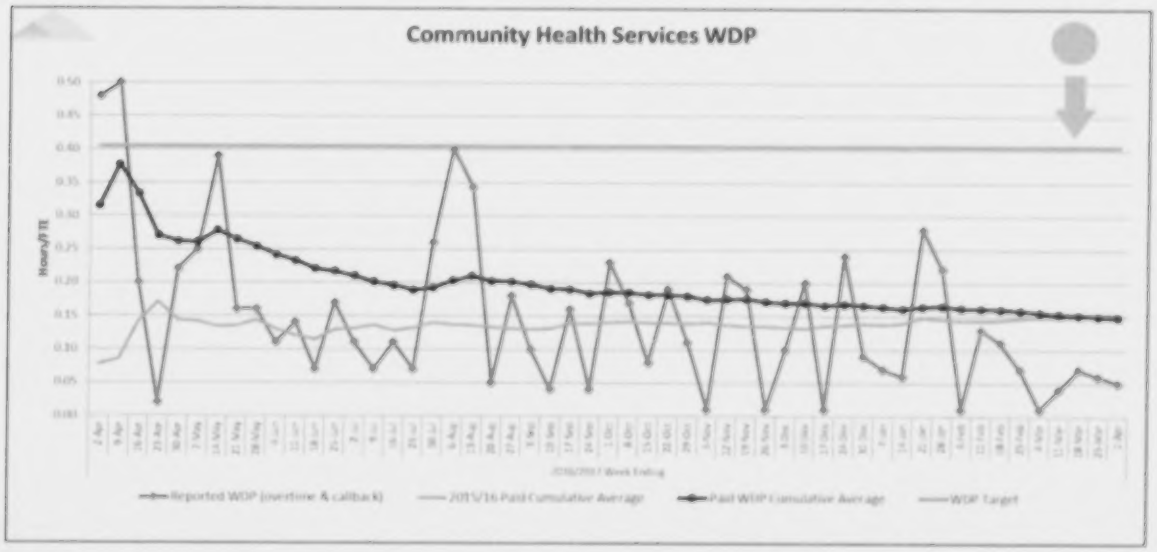
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Service Recipient %	60.9	54.5	50.8	60	58.9	54.9	63.3	69	63.3	62	64.4	63
Target	60	60	60	60	60	60	60	60	60	60	60	60

Cost

Service Line Goal: Sick Leave hours will not exceed 1.18 hours per full time equivalent (FTE)

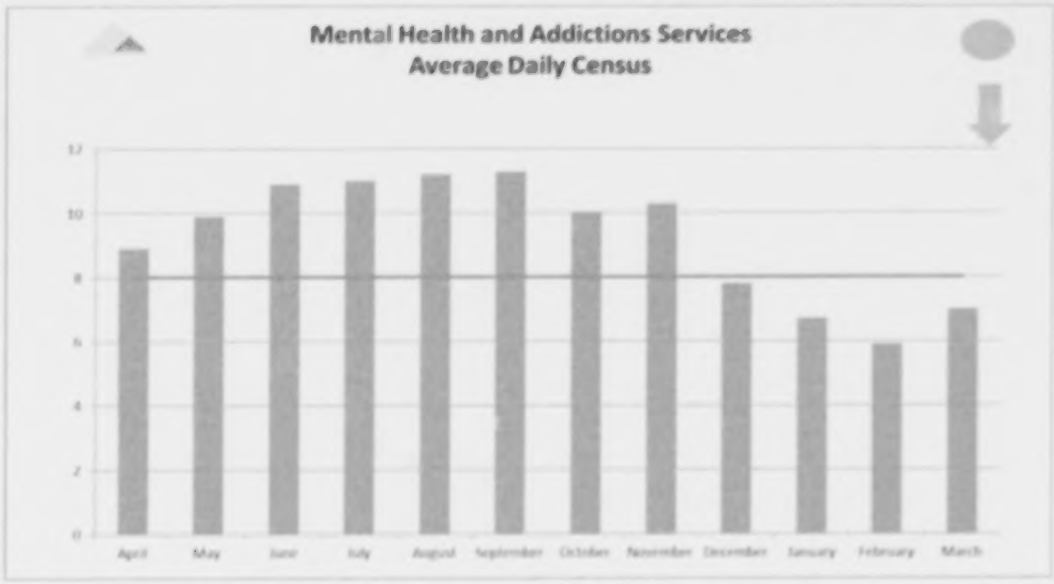


Service Line Goal: Wage Driven Premium will not exceed 0.4 hours per full time equivalent (FTE)

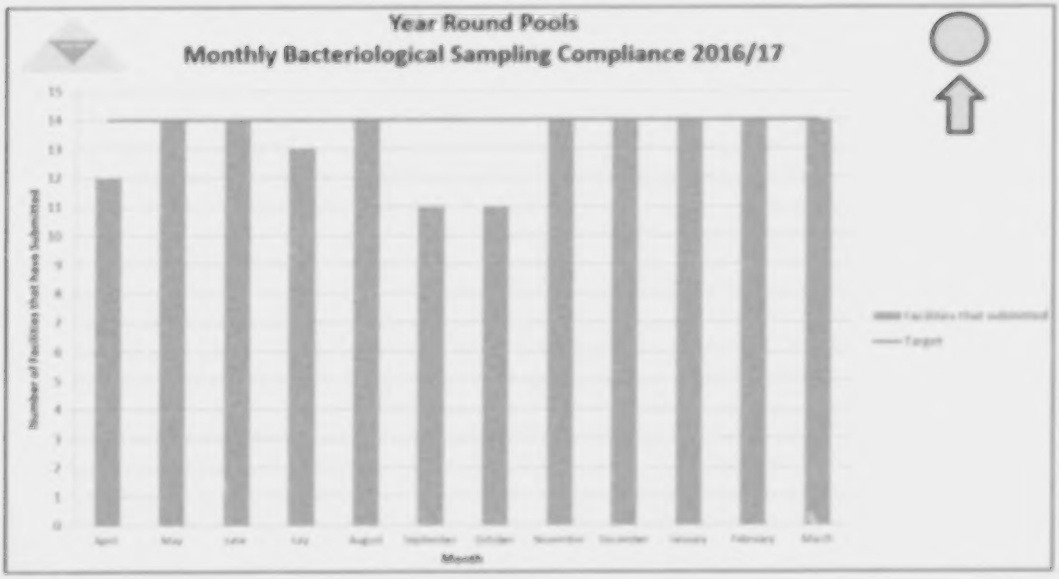


Delivery

Service Line Goal: By March 31, 2017 average daily census will be less than eight



Service Line Goal: 100% of bacteriological sampling submitted on time



Delivery

Health System Multi-Year Outcome: By March 2019 there will be increased access to quality Mental Health and Addiction Services (MHAS) and reduced wait time for outpatient and psychiatry services

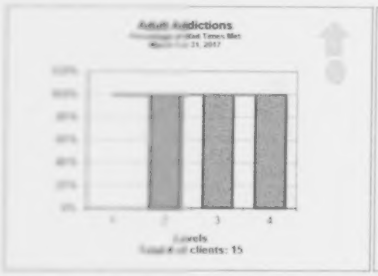
Health System Multi-Year Target: By March 31, 2017 meet triage benchmarks for outpatient MHAS 100% of the time

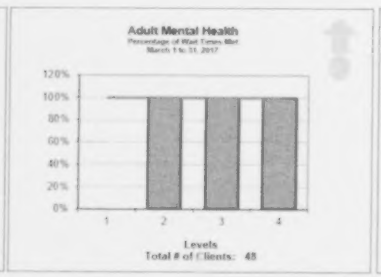
Strategy: To improve access, by March 31, 2017, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient MHAS 100% of the time

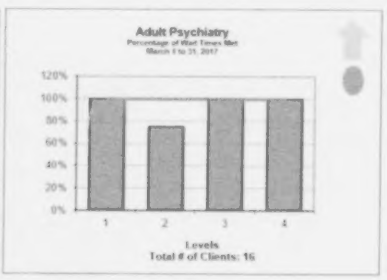
Service Line Goal: By March 31, 2017 wait time measures will meet identified Provincial targets

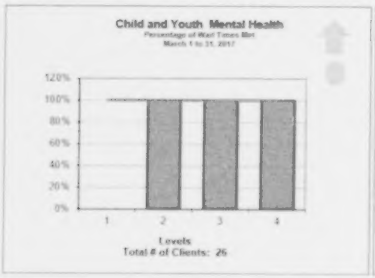
Provincial Target:

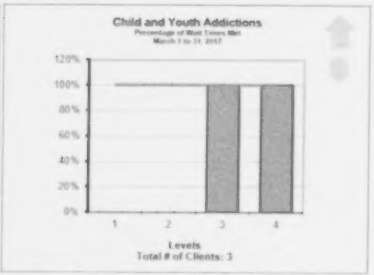
Level 1 (Very Severe) is 24 Hours Level 2 (Severe) is 5 days Level 3 (Moderate) is 20 Working days Level 4 (Mild) is 30 Working days





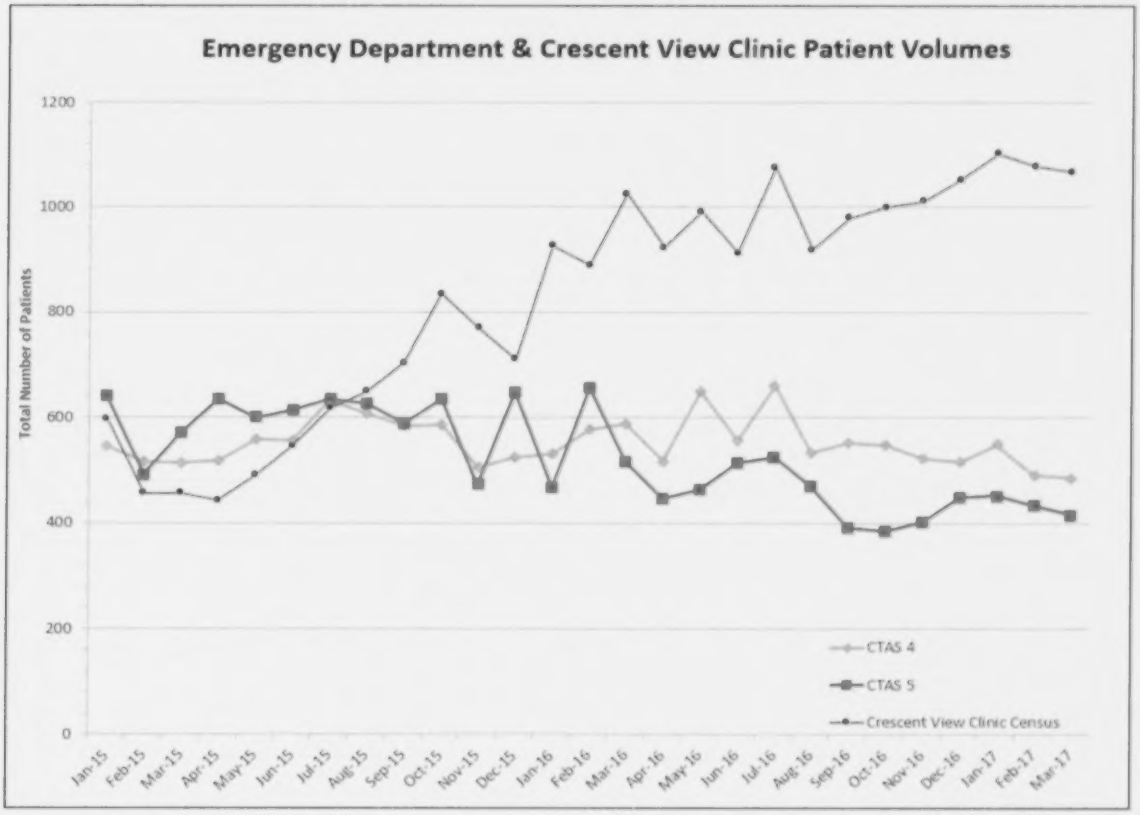






Delivery

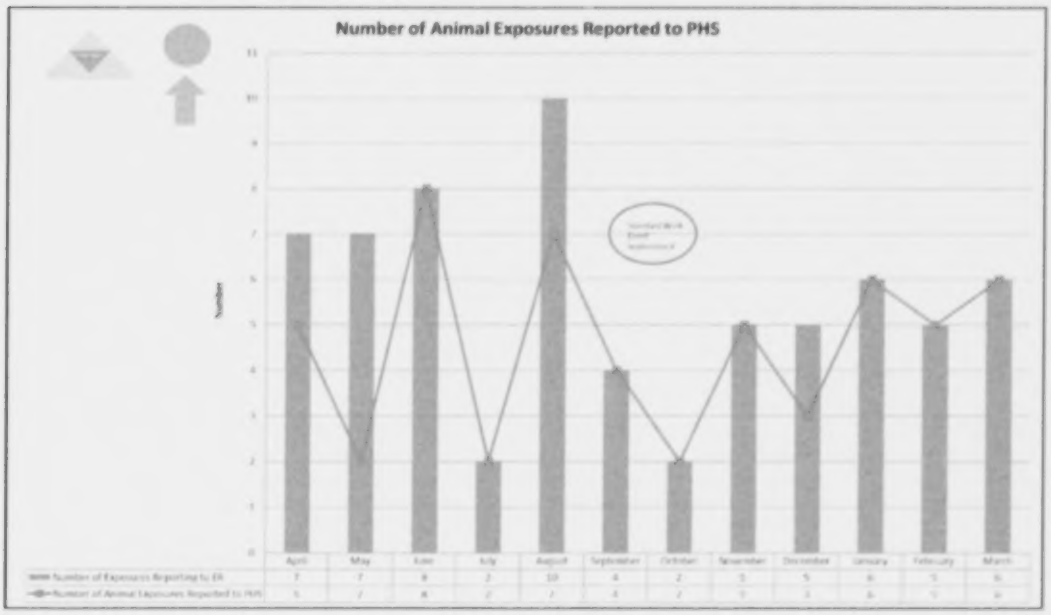
Service Line Goal: Determine correlation of CTAS 4 and 5 between Crescent View Clinic (CVC) and Emergency Department



We anticipate that as volumes increase at CVC we will see a decrease in CTAS 4 and 5 (lower acuity) patients in the Emergency Department.

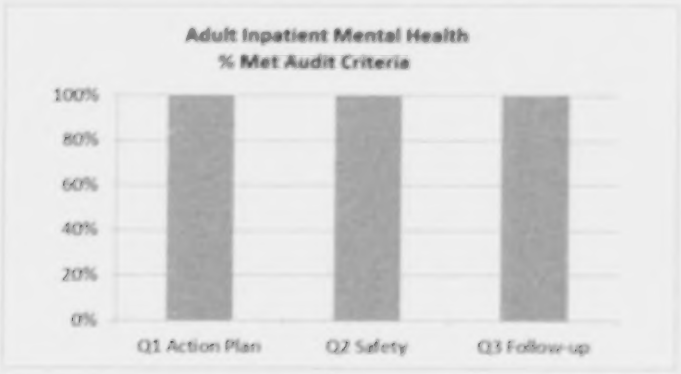
Safety

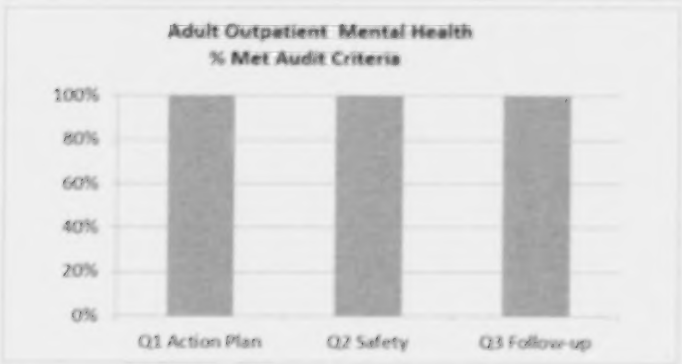
Service Line Goals: To ensure that all animal bites/exposures that come to the Emergency Department for treatment are reported to Public Health

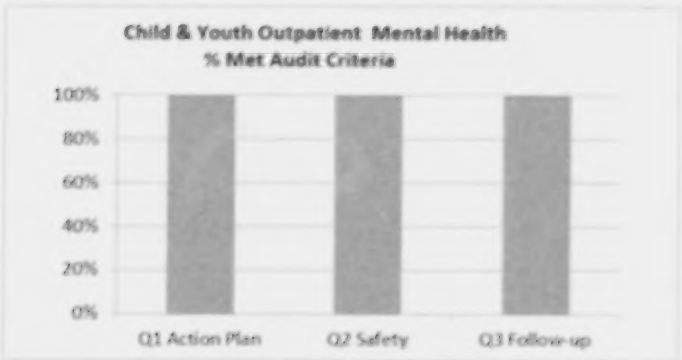


Safety

Service Line Goal: Audited files will have 100% compliance with Saskatchewan Suicide Protocols

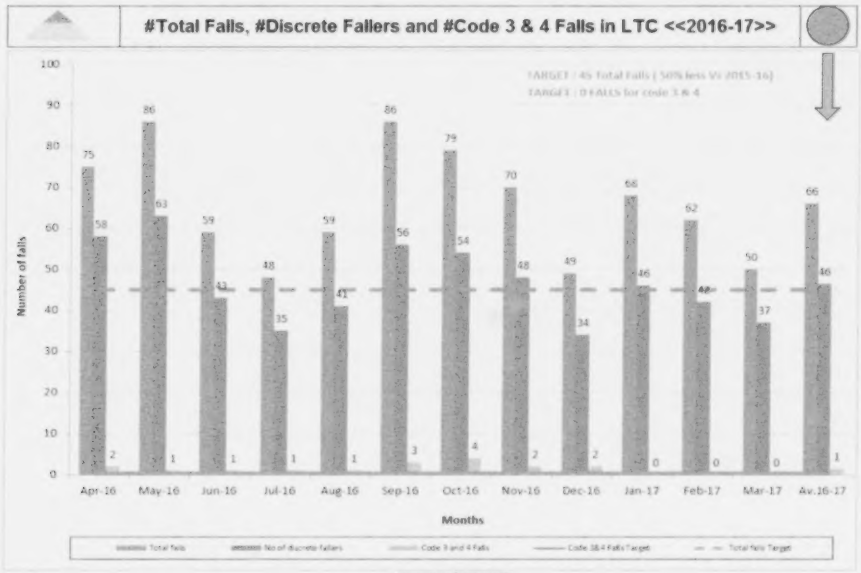






Quality

Service Line Goal: By March 31, 2017 reduce falls in Continuing Care by 50% from 2014/2015 baseline

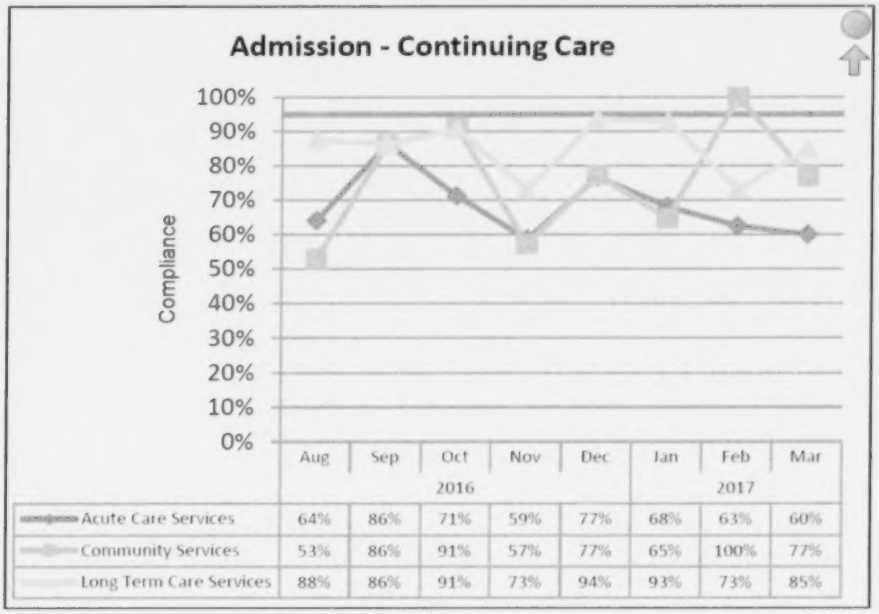


LTC – Long Term Care

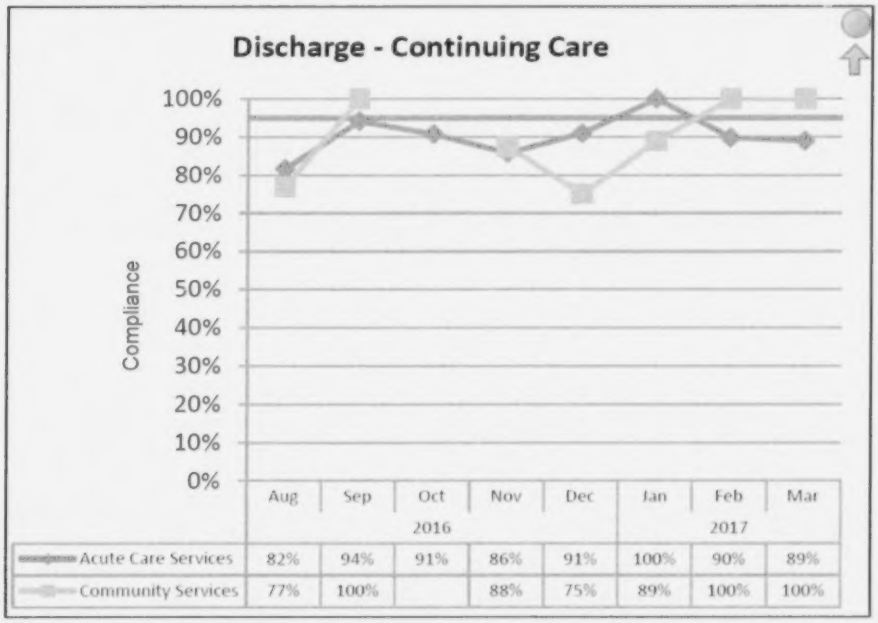
Code 3 events had a serious outcome or significant potential for adverse outcome.
Code 4 events are tragic incidents such as unanticipated death or potential major loss of function or major injury.

Quality

Service Line Goal: 95% compliance with Medication Reconciliation on Admission and Discharge



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
			2016				2017	
Acute Care Services	64%	86%	71%	59%	77%	68%	63%	60%
Community Services	53%	86%	91%	57%	77%	65%	100%	77%
Long Term Care Services	88%	86%	91%	73%	94%	93%	73%	85%

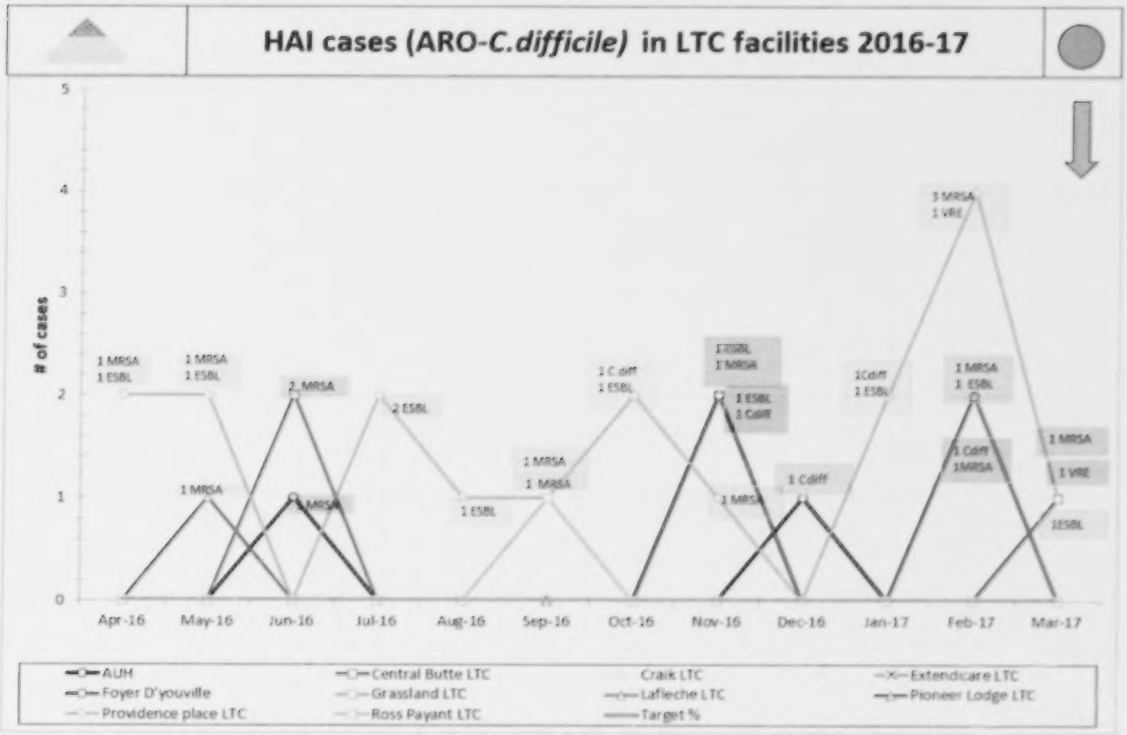


	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
			2016				2017	
Acute Care Services	82%	94%	91%	86%	91%	100%	90%	89%
Community Services	77%	100%		88%	75%	89%	100%	100%

Medication reconciliation is the process of creating the most accurate list of medications a patient is taking and comparing that against the physician admission, transfer, or discharge orders with the goal of providing correct medications to the patient at all transition points.

Quality

Service Line Goal: 100% compliance to Hand Hygiene by March 31, 2017



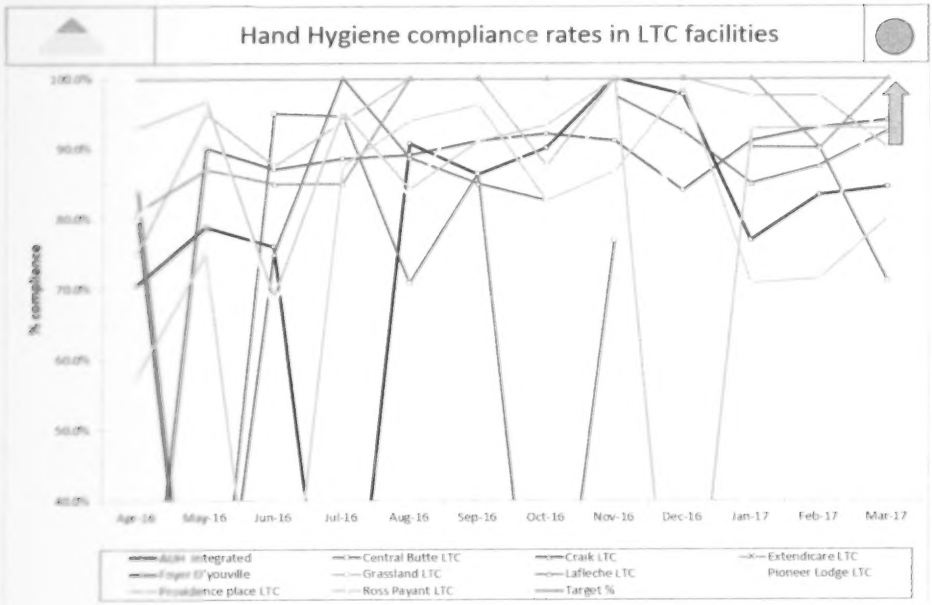
A Healthcare Acquired Infection (HAI) is an infection that a patient acquires during the course of receiving treatment for other conditions within a healthcare setting.

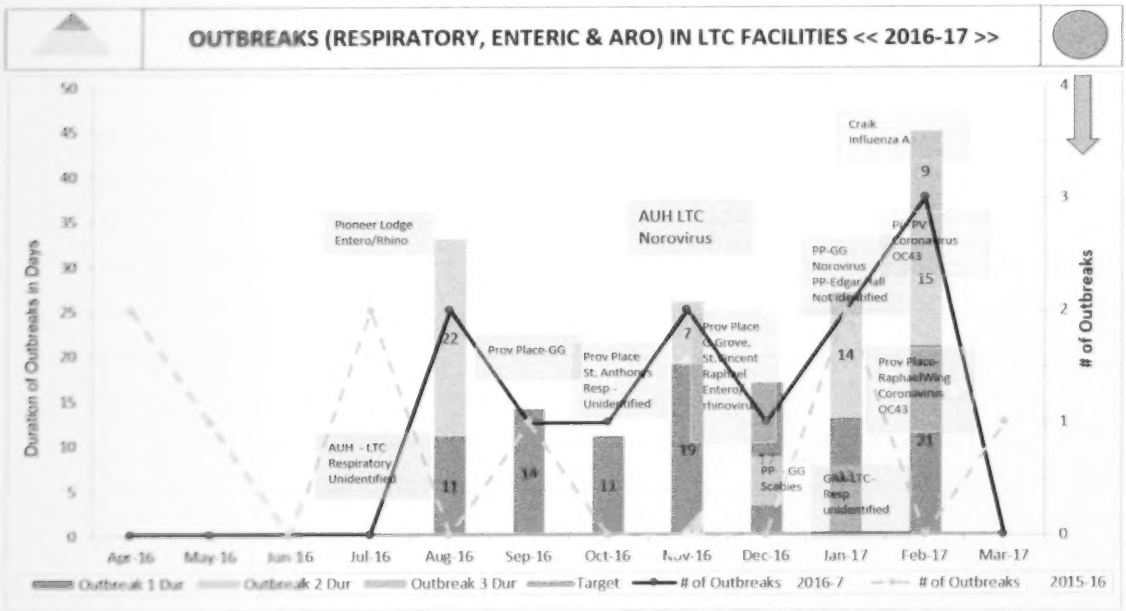
A significant component in reducing outbreaks and HAIs is compliance with Hand Hygiene protocols.

MRSA - Methicillin Resistant Staphylococcus Aureus
VRE - Vancomycin Resistant Enterococcus
ESBL - Extended Spectrum Beta-Lactamase Producing Bacteria
C. Diff - Clostridium Difficile

Quality

Service Line Goal: 100% compliance to Hand Hygiene by March 31, 2017



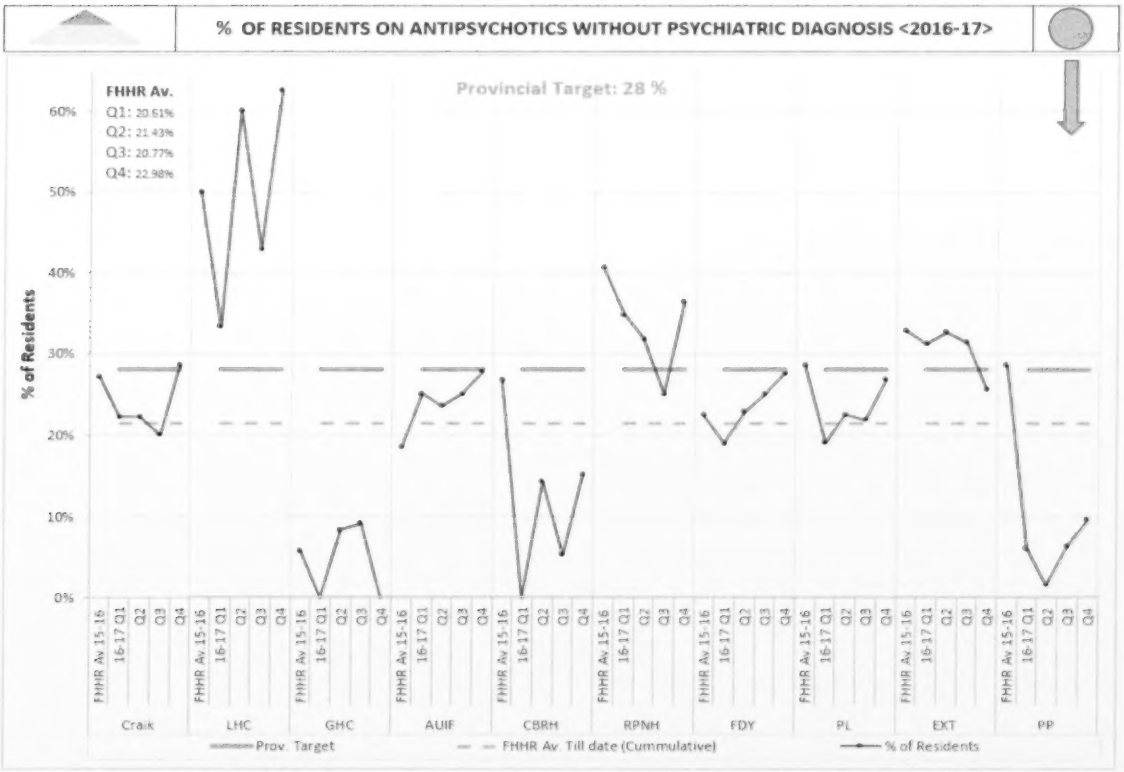


A significant component in reducing outbreaks and HAIs is compliance with Hand Hygiene protocols.

Quality

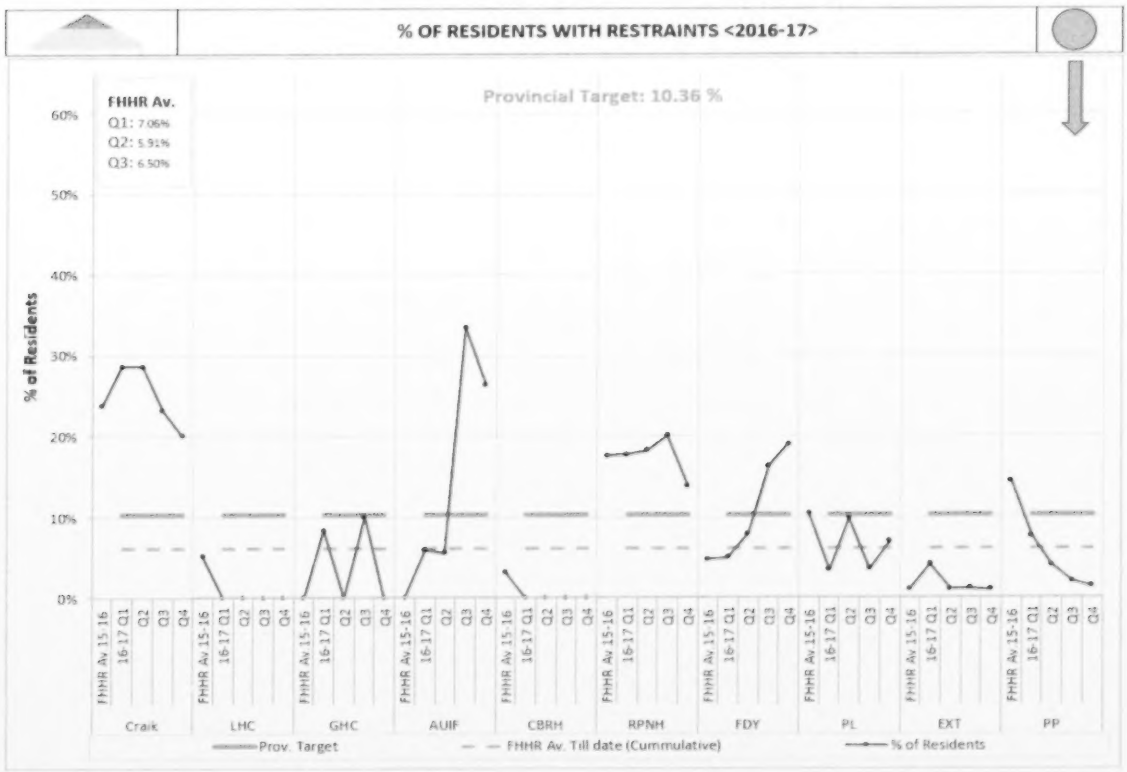
Service Line Goal: By March 31, 2017 safely reduce the potentially inappropriate use of antipsychotic medications to 29%

Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of **antipsychotics**, restraints, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened, falls



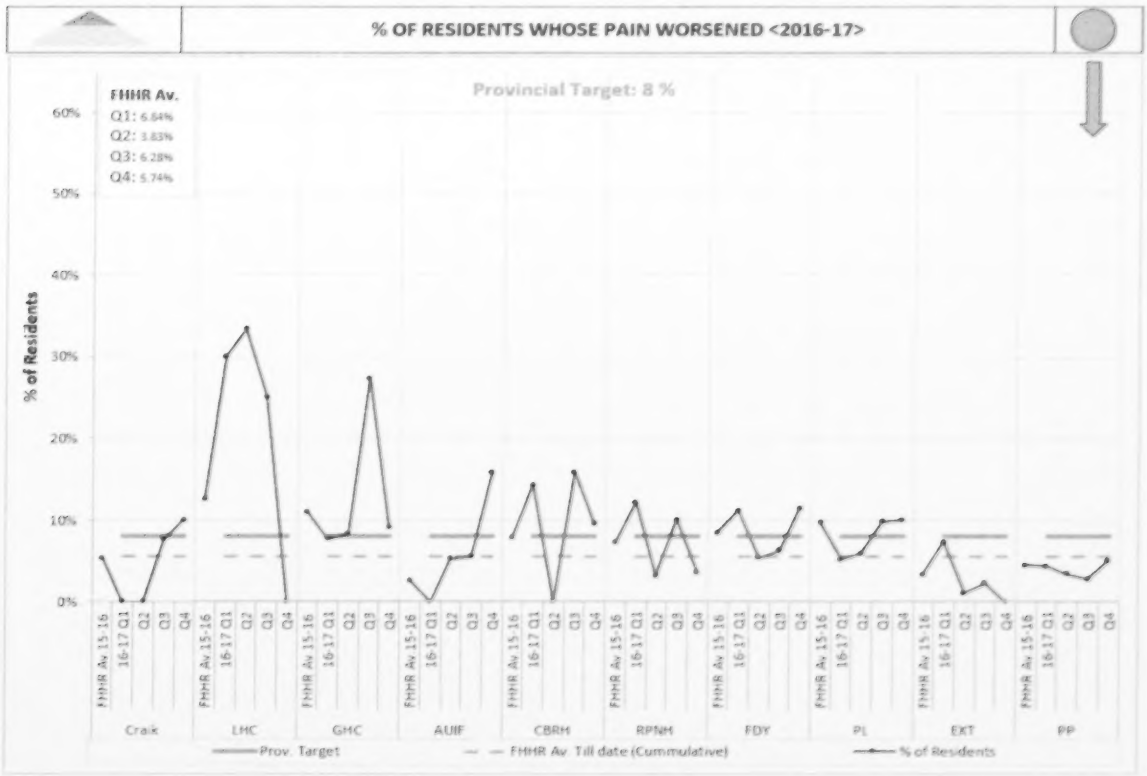
Quality

Service Line Goal: Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, **restraints**, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened, falls



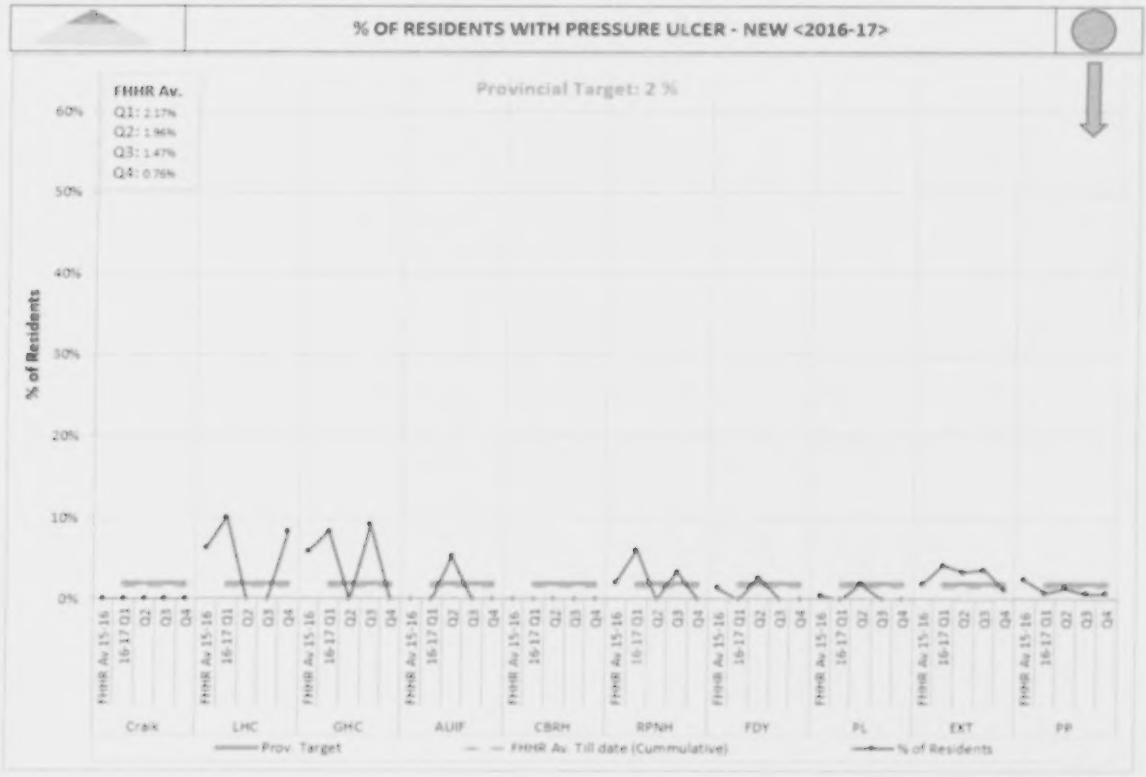
Quality

Service Line Goal: Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, **pain worsened**, new pressure ulcer, pressure ulcer worsened, incontinence worsened, falls



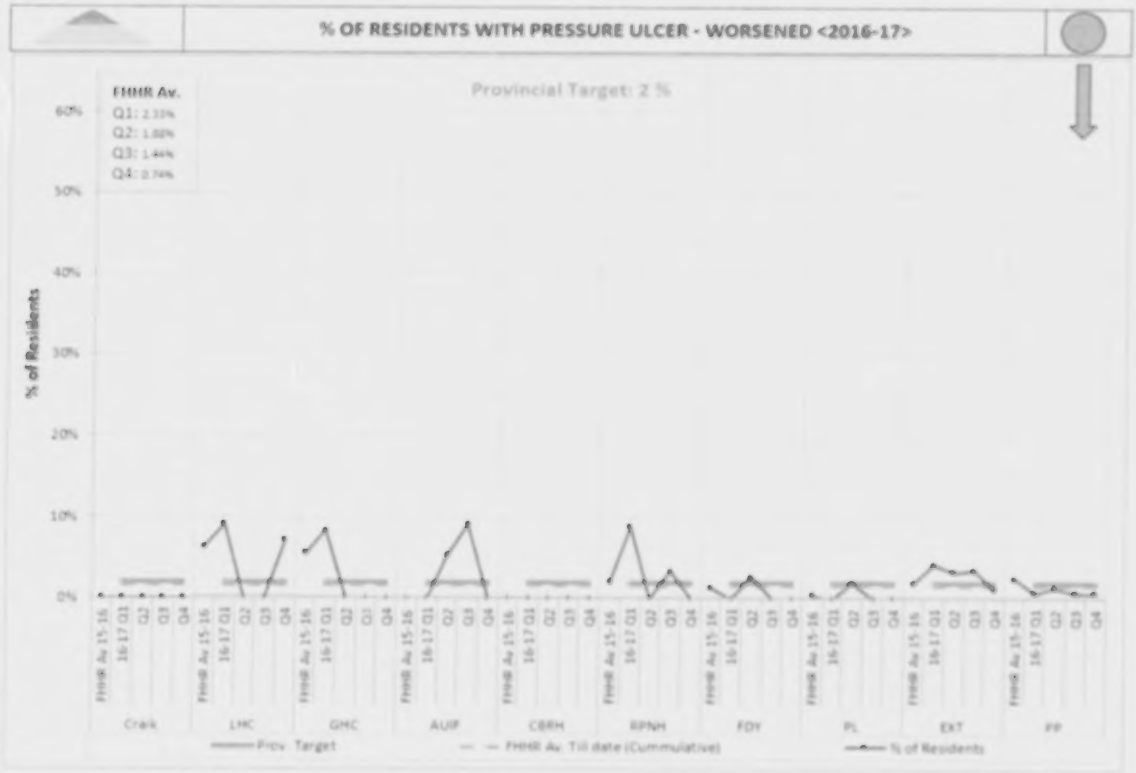
Quality

Service Line Goal: Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, **new pressure ulcer**, pressure ulcer worsened, incontinence worsened, falls



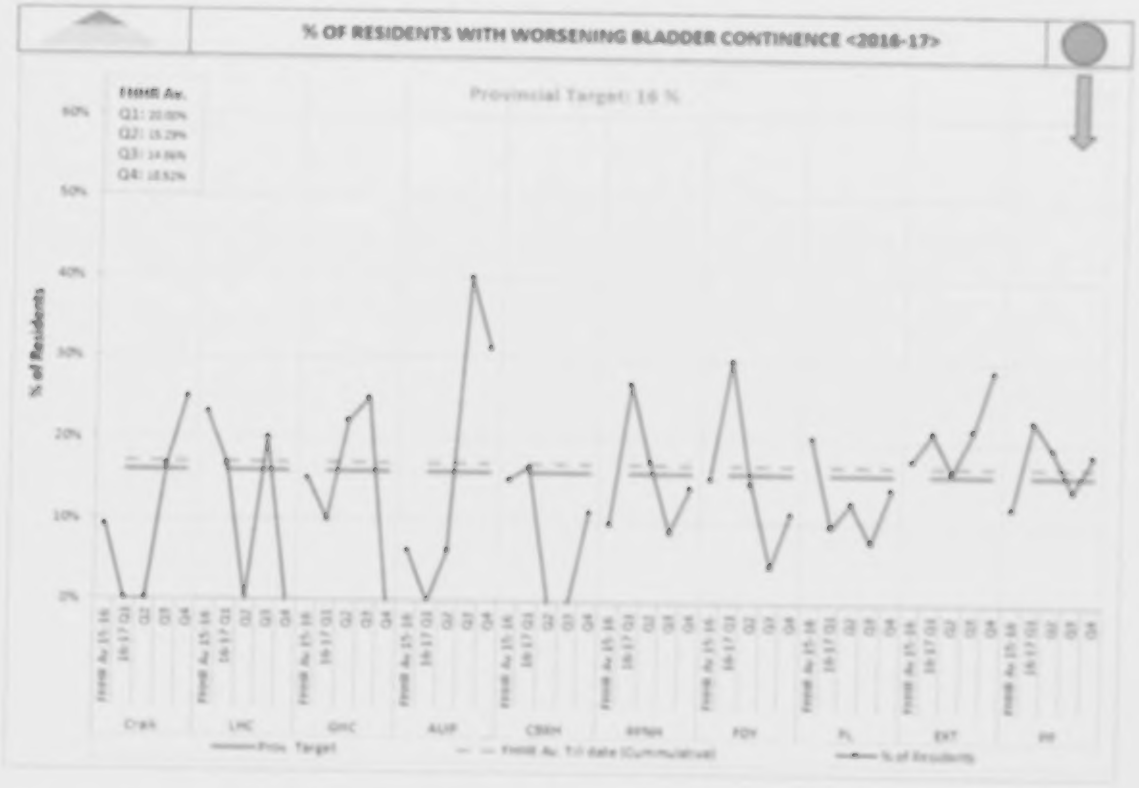
Quality

Service Line Goal: Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, new pressure ulcer, **pressure ulcer worsened**, incontinence worsened, falls



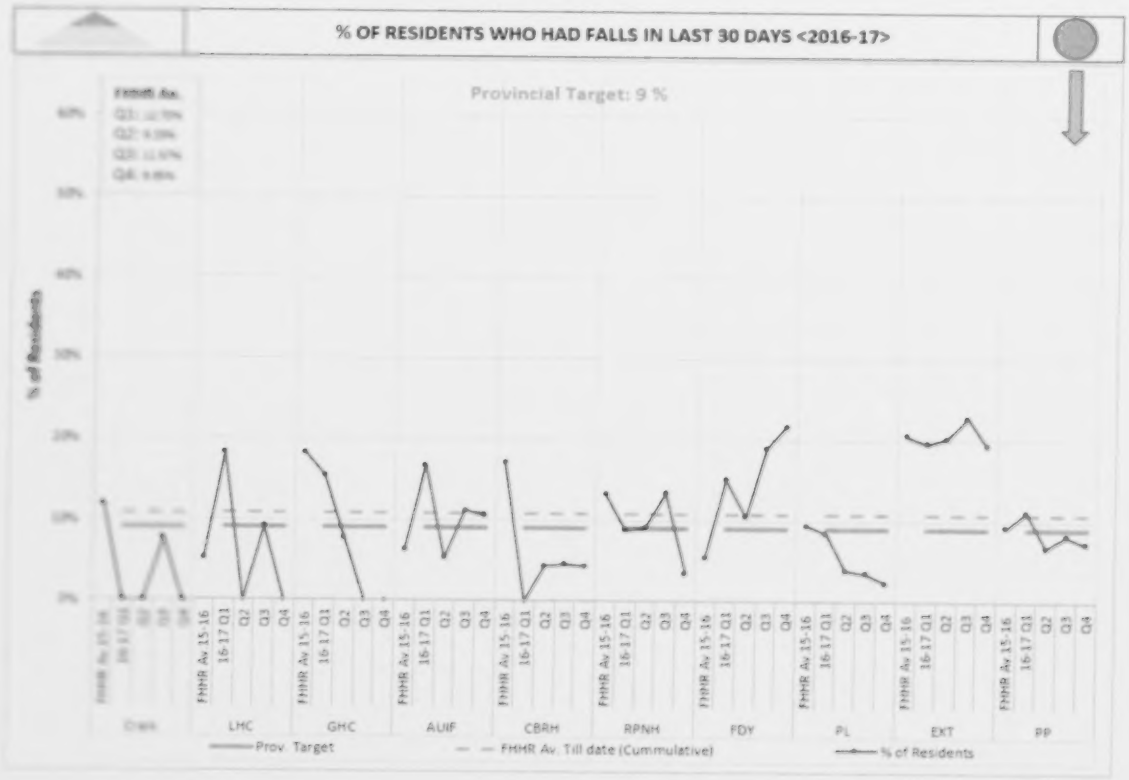
Quality

Service Line Goal: Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, new pressure ulcer, pressure ulcer worsened, **incontinence worsened**, falls



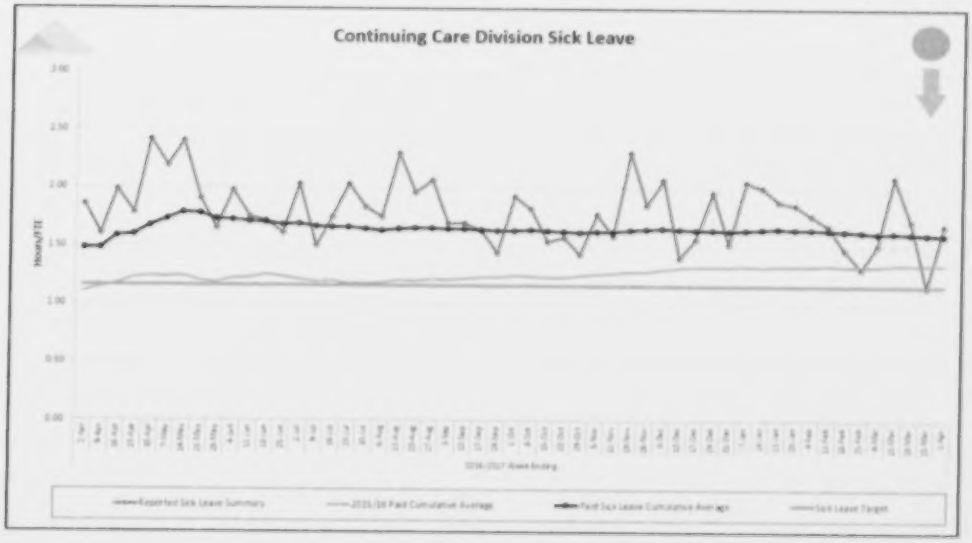
Quality

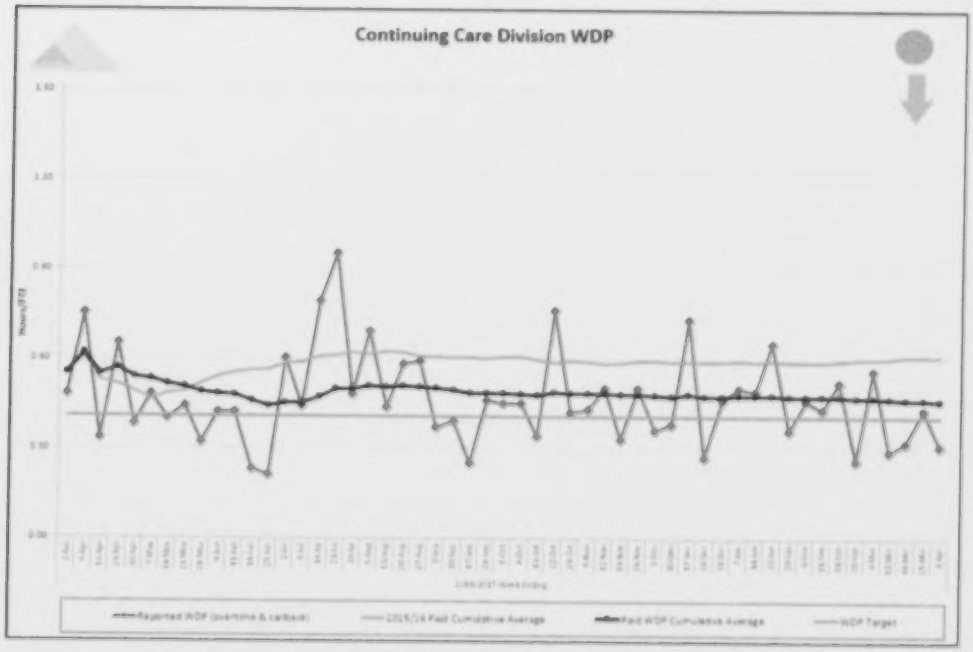
Service Line Goal: Seven specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened, **falls**



Cost

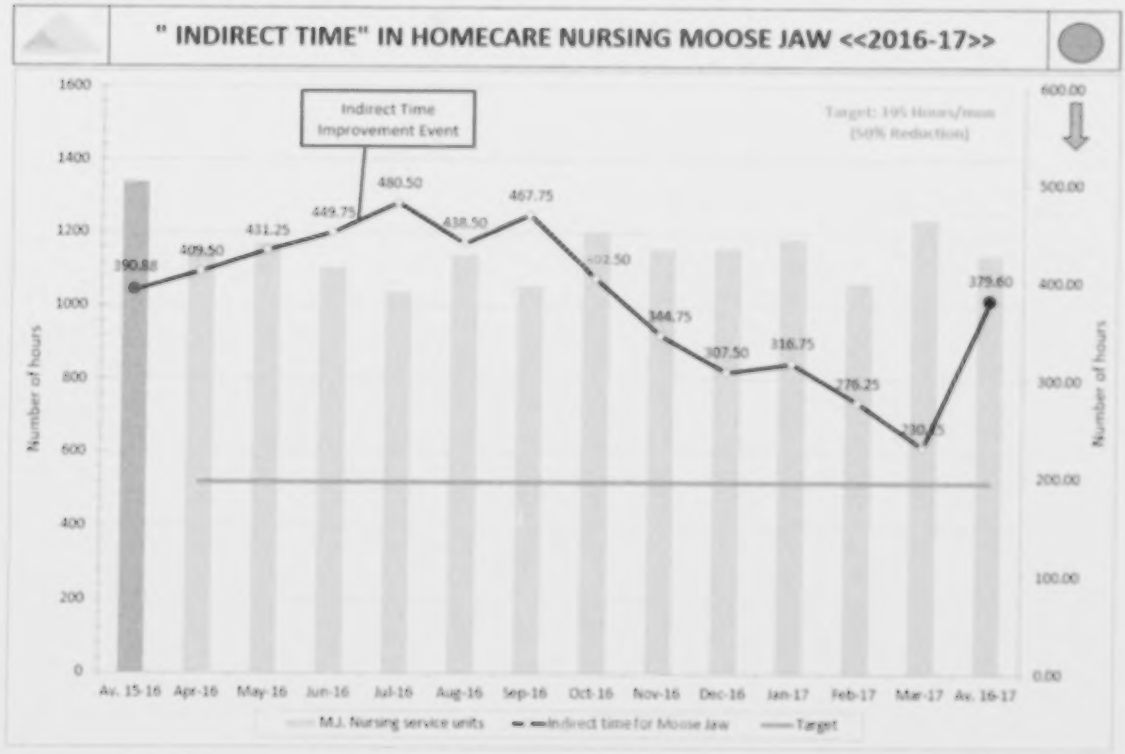
Service Line Goal: By March 31, 2017 sick leave and wage driven premium (WDP) will meet or be below the regional target





Cost

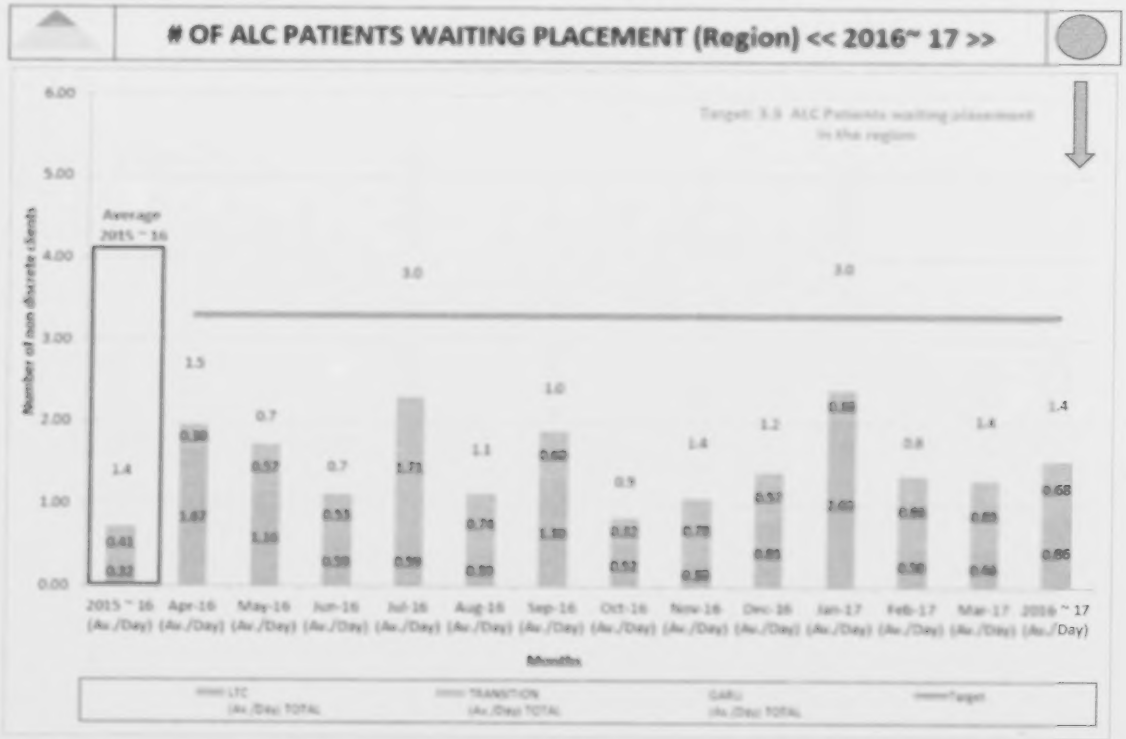
Service Line Goal: By December 31, 2017 reduce the indirect nursing time and community nursing overtime by 50%



Indirect time is classified as time spent away from direct patient care. Decreasing indirect time will result from efforts to streamline time spent scheduling clients, preparing supplies, making calls, and attending department huddles. All of these activities are important but by making them easier or less time-consuming more time is able to be spent with clients.

Delivery

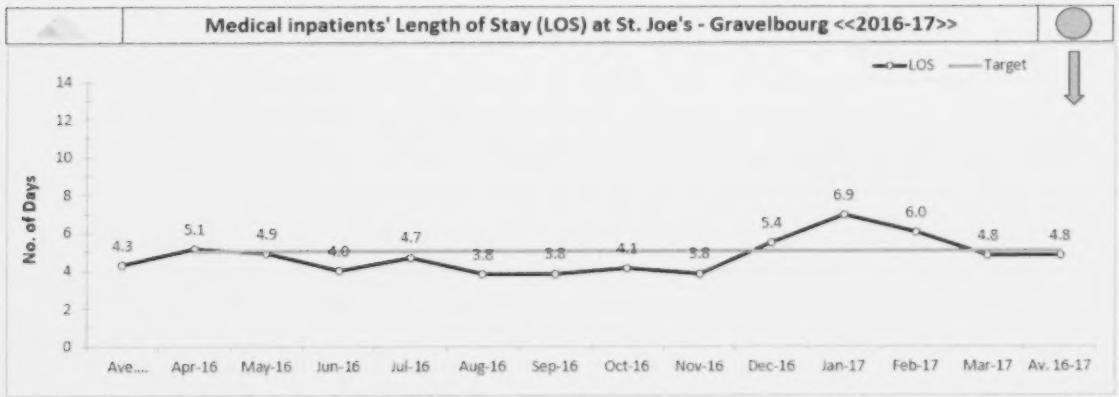
Service Line Goal: Maintain the number of beds occupied by Alternate Level of Care (ALC) clients in the Region at no more than 3.5% of total beds



ALC (Alternate Level of Care) indicates that a client is receiving a level of care that is no longer required and are waiting for placement at an appropriate level of care.

Delivery

Service Line Goal: By March 31, 2017 reduce the length of stay by 10% for medical patients at Assiniboia Union Hospital (AUH) and St. Joseph's Hospital



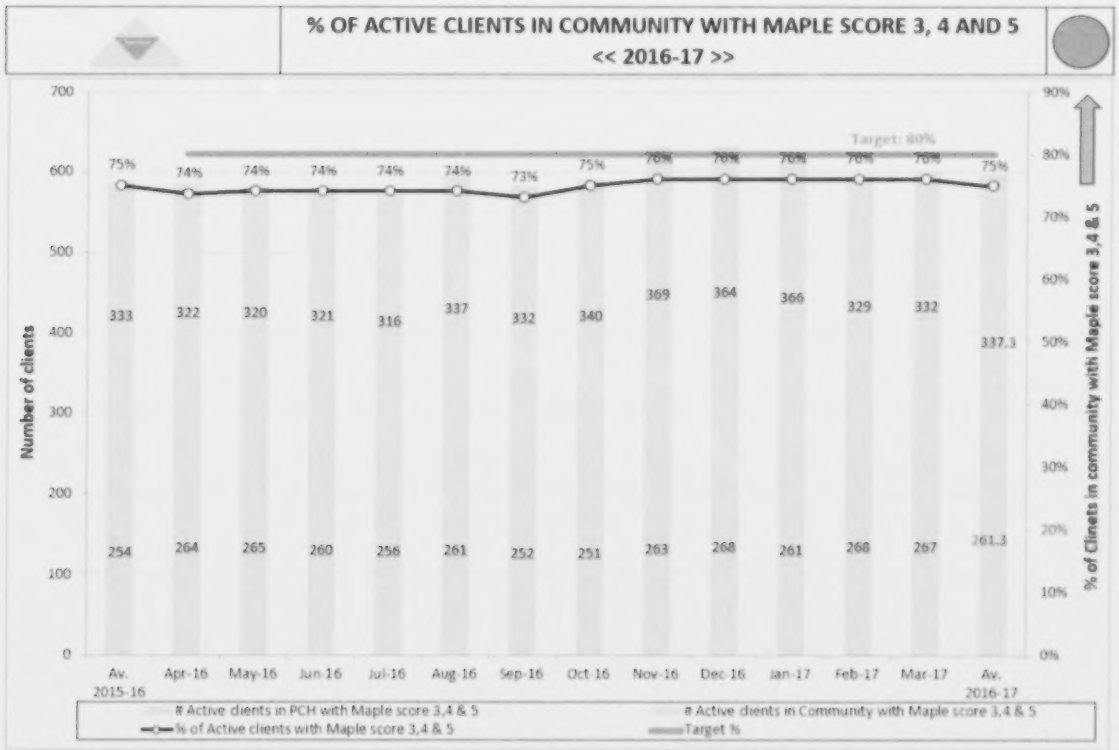
Work reducing LOS focused on eliminating system issues impeding discharge such as arrangements for care in the community, wating for discharge ordersm or waiting on equipment. Premature discharges affects our readmission rate.

Delivery

Health System Multi-Year Outcome: By March 31, 2020 seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

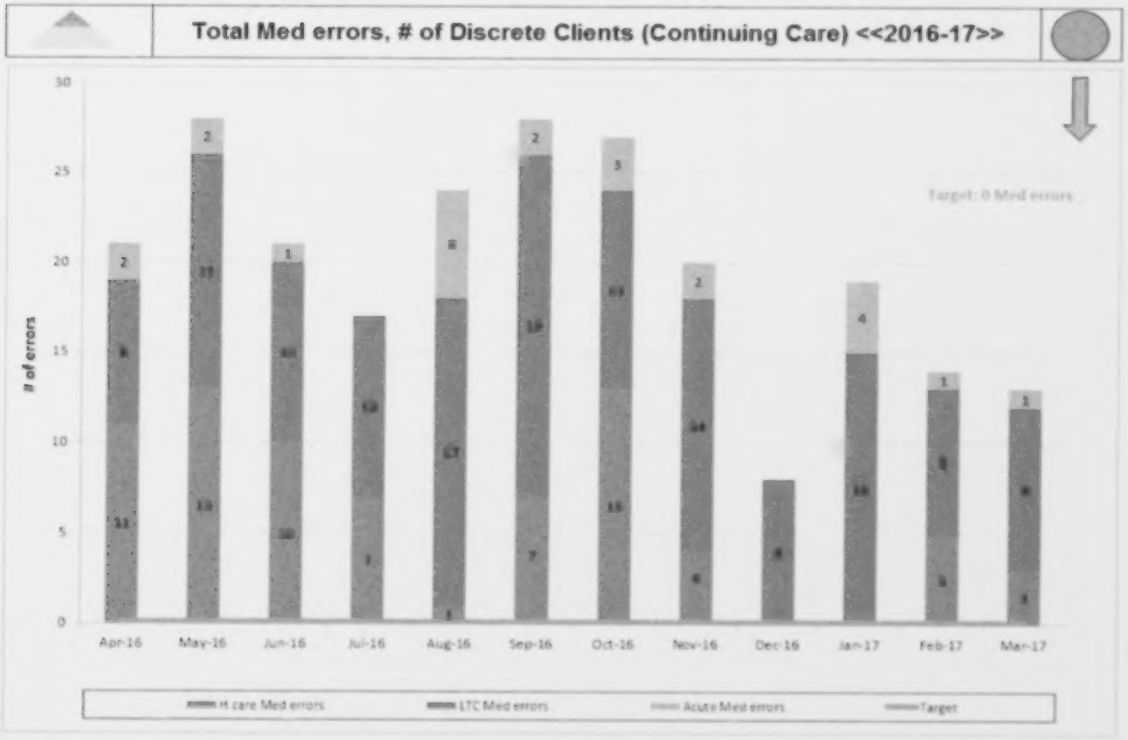
Health System Multi-Year Target: By March 31, 2017 the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 25%

Service Line Goal: Maintain the number of clients in the community with MAPLe scores of 3-5 at 75% of Home Care clients in the community


% OF ACTIVE CLIENTS IN COMMUNITY WITH MAPLE SCORE 3, 4 AND 5
<< 2016-17 >>
Number of clients
% of Clinets in community with Maple score 3,4 & 5
Target: 80%
75% 74% 74% 74% 74% 74% 73% 75% 76% 76% 76% 76% 76% 75%
333 322 320 321 316 337 332 340 369 364 366 329 332 337.3
254 264 265 260 256 261 252 251 263 268 261 268 267 261.3
Av. 2015-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Av. 2016-17
Active clients in PCH with Maple score 3,4 & 5
Active clients in Community with Maple score 3,4 & 5
% of Active clients with Maple score 3,4 & 5
Target %

Safety

Service Line Goal: By March 31, 2017 eliminate the defect of medication errors in Continuing Care

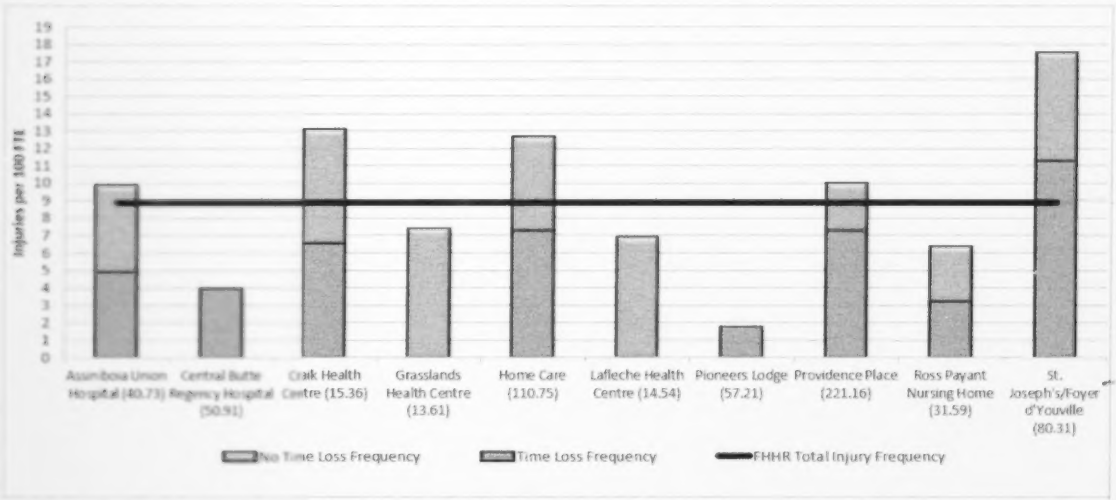


Safety

Service Line Goal: By March 31, 2017 there will be zero shoulder and back injuries in Long Term Care

Claims Frequency – Long Term Care

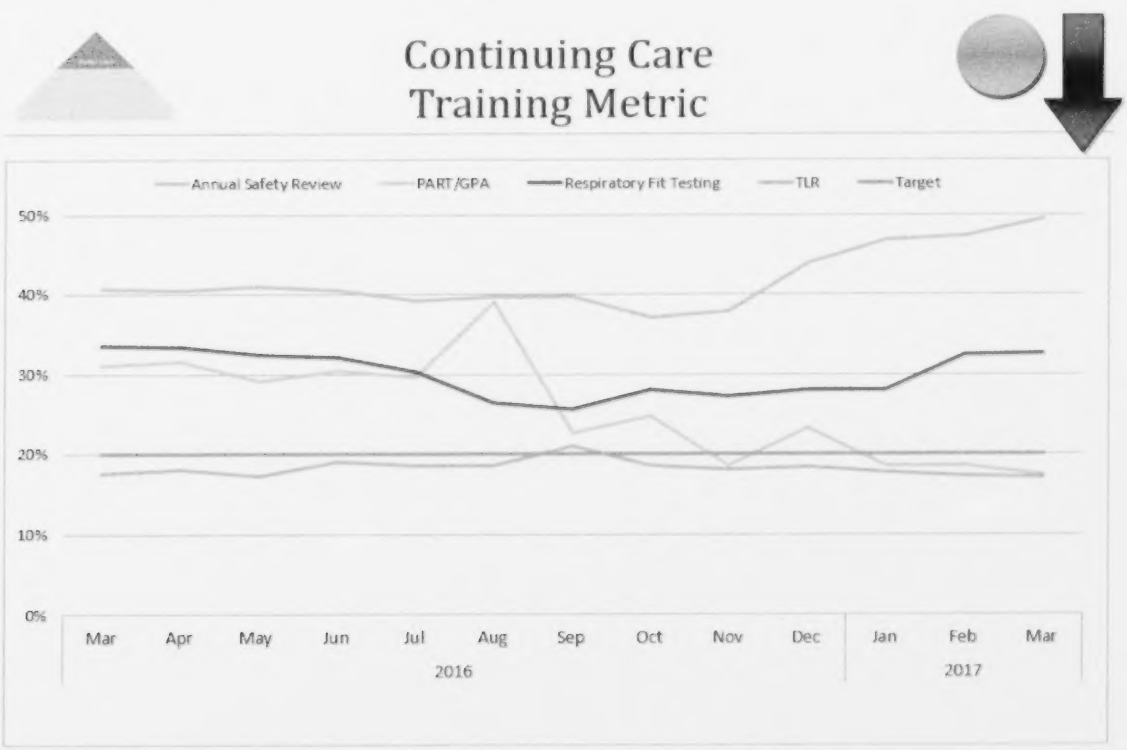
April 1, 2016 – March 31, 2017



No Time Loss Frequency Rate = (Number of Accepted No Time Loss Claims/FTE) X 100
Time Loss Frequency Rate = (Number of Accepted Time Loss Claims/FT) X 100
Total Claims Frequency Rate = (Number of Accepted WCB claims/FTE) X 100

Safety

Service Line Goal: 80% of re-certifications completed by staff by required date

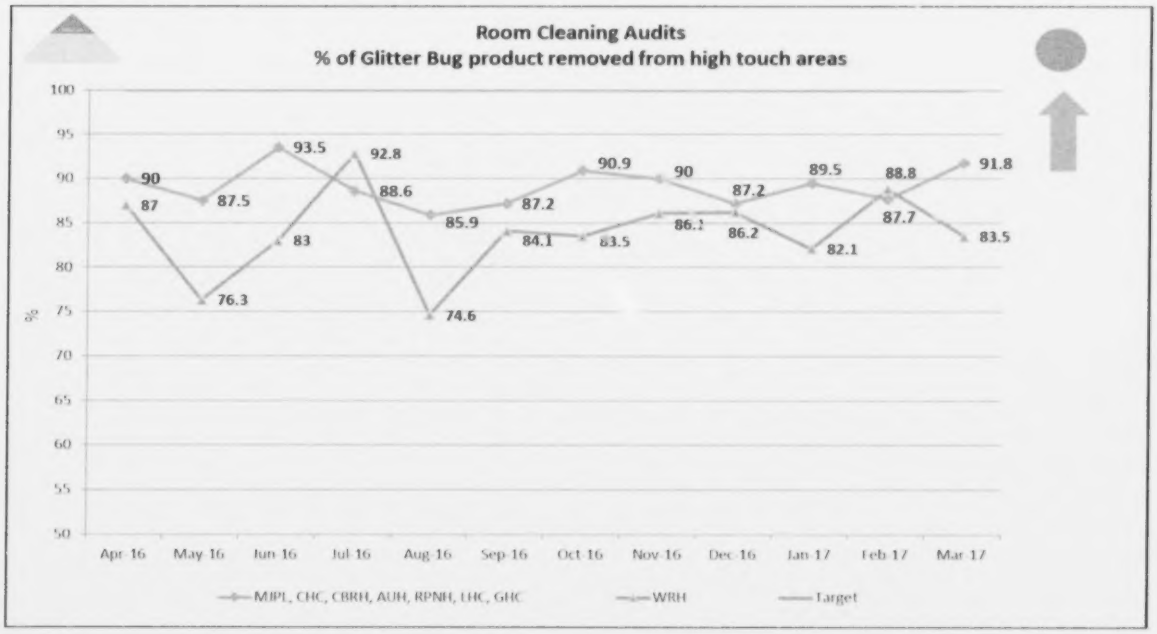


Achieving this target means that less than 20% of staff will not achieve recertifications by required date.

PART - Professional Assault Response Training
GPA - Gentle Persuasion Approaches
TLR - Transfer Lifting Repositioning

Quality

Service Line Goal: 100% of all of the invisible product "Glitterbug" is removed during cleaning by following the Standard of Work in all patient rooms

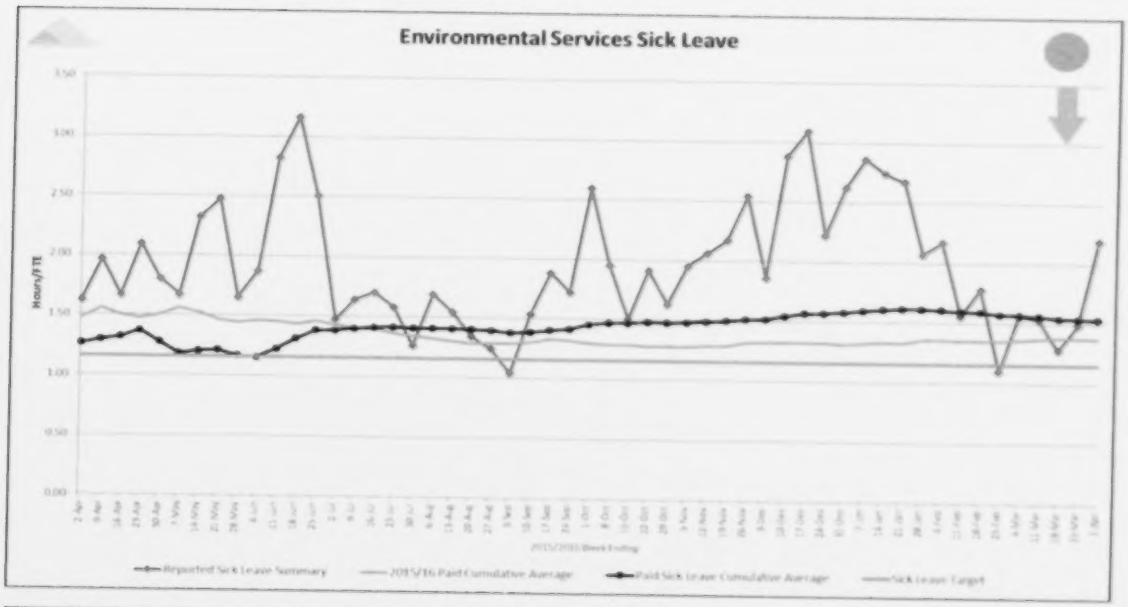


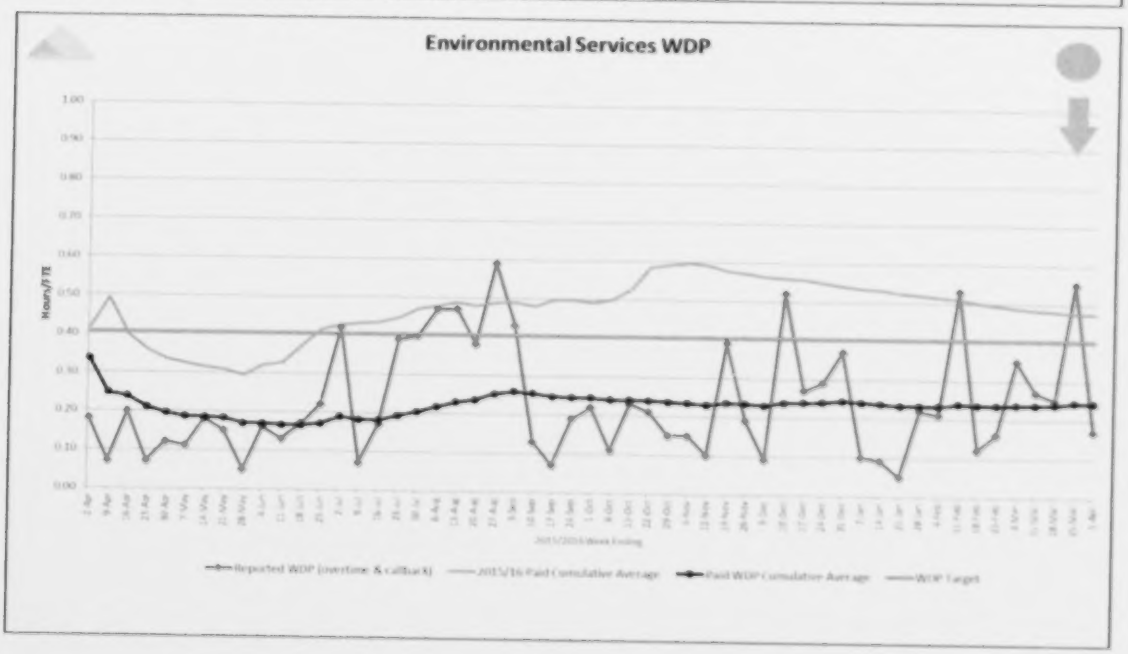
Glitterbug is a solution not visible to the naked eye that can be seen with an ultraviolet light. The solution is used to audit the effectiveness of room cleaning.

MJPL – Pioneers Lodge
CHC – Craik Health Centre
CBRH – Central Butte Regency
AUH – Assiniboia Union Hospital
RPNH – Ross Payant Nursing Home
LHC – Lafleche Health Centre
GHC – Grasslands Health Centre
WRH - Dr. F.H. Wigmore Regional Hospital

Cost

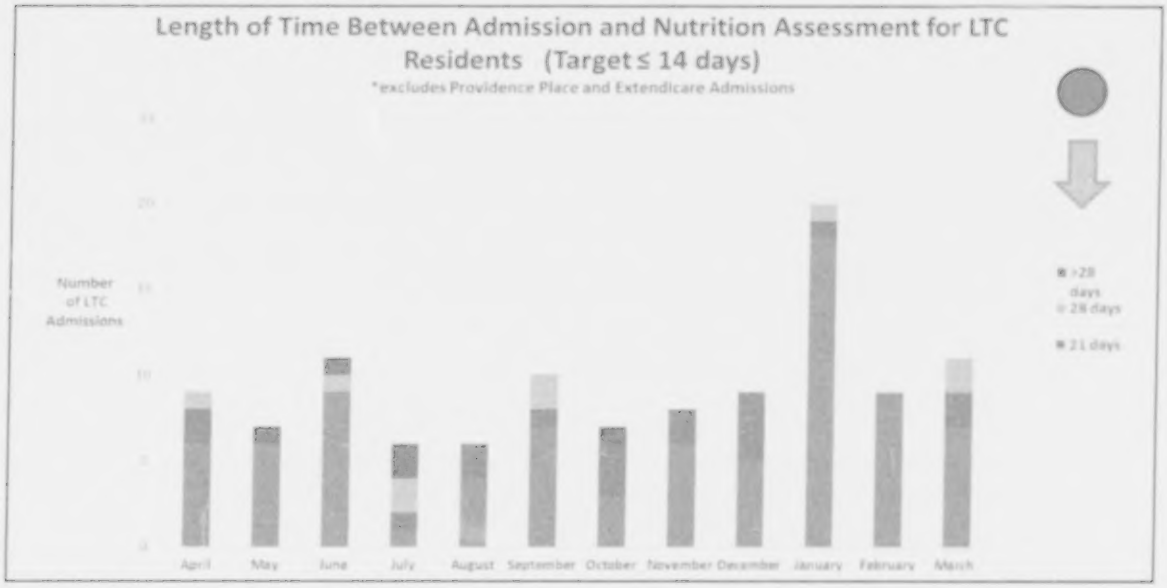
Service Line Goals: By March 2017 sick leave and Wage Driven Premium (WDP) utilization rates will be better than the regional average



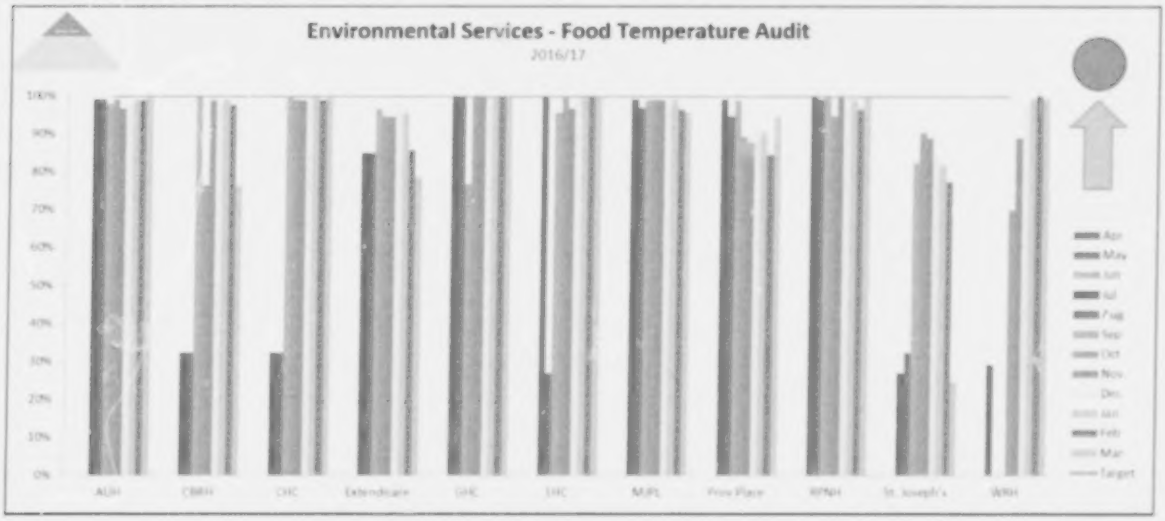


Delivery

Service Line Goals: Complete 100% of nutritional assessments within two weeks of admission or of referral

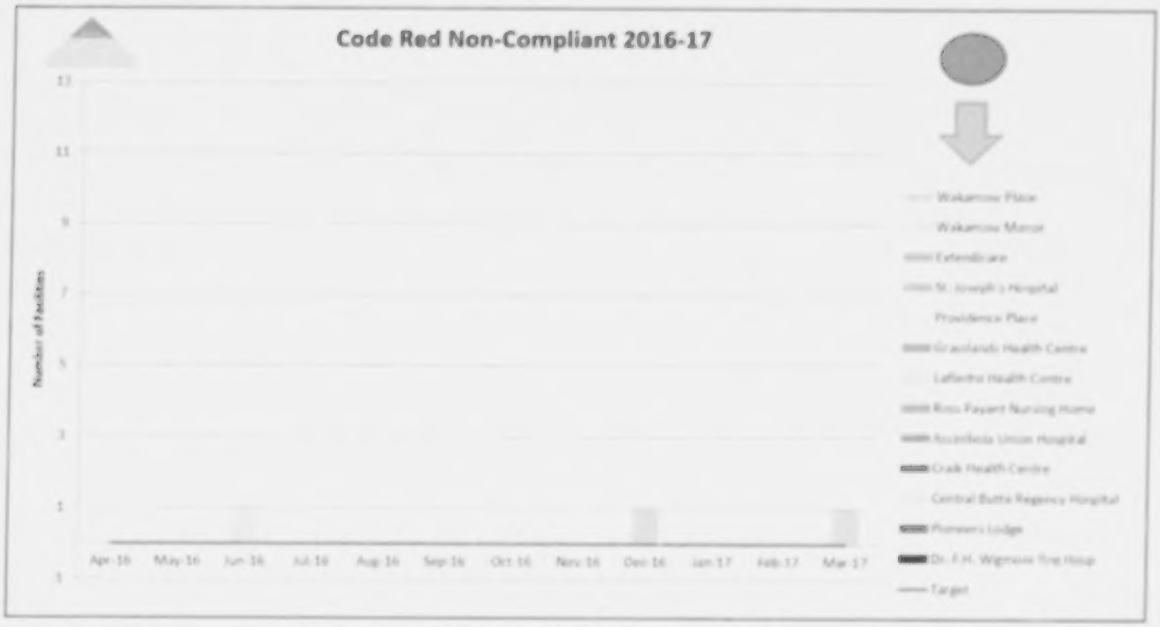


Service Line Goals: Temperature taken of 3x daily meals at all applicable facilities 100% of the time



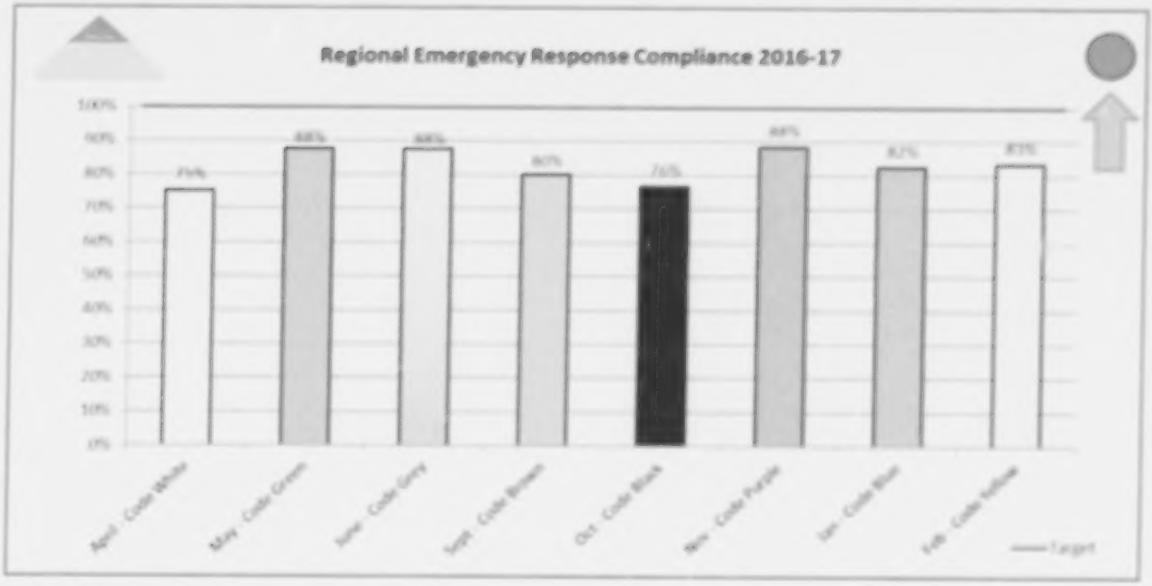
Safety

Service Line Goals: Increase compliance with fire drill requirements to 100%



Safety

Service Line Goals: Meet Accreditation Canada's Regional Emergency Exercises criteria 100%



Code Definitions
White - Violence
Green – Evacuation
Grey – Severe Weather
Brown – Chemical Spill
Black – Bomb Threat
Purple – Hostage Taking
Blue – Cardiac Arrest/Medical Emergency
Yellow – Missing Person

MANAGEMENT REPORT

May 31, 2017

Five Hills Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Board. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cheryl Craig, BSN
President and Chief Executive Officer

Wayne Blazieko, CPA, CMA, MSA, B. Admin
Vice President, Finance and Chief Financial Officer

2016-17 Financial Overview

The annual operating fund budget for 2016-17 was $160.4 (million). The actual operating fund revenues were $161.1M and operating fund expenses were $157.5M; resulting in an operating fund surplus of $3.6M (2.3% of operating expenses).

Overall, 93% of the operating fund revenue was provided by funding from the Ministry of Health. About 41% of the operating budget was spent on inpatient/resident services, 18% on community health, 17% on support services, 11% on physician compensation, 9% on diagnostic and therapeutic services and 5% on ambulatory care services. Approximately 88% of the annual budget was spent on salaries and benefits (includes grants to contractors).

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

i) Higher income related to:
- Federal government revenue ($.38M);
- Other recoveries in various areas ($.72M).

ii) Lower expenses related to:
- drugs ($.43M);
- medical and surgical ($.70M);
- prostheses ($.08M);
- laboratory supplies ($.11M);
- repairs and maintenance ($.32M); and
- Contracted out services ($.89M).

The capital fund expenditures for 2016-17 were $4.7M with 47% on building and building service equipment, 40% being spent on equipment, 8% grants to health care organizations and 5% for mortgage obligations.

The actual capital fund revenues were $3.7M (includes $1M Ministry of Health funding and $2.4M donations) and capital fund expenses were $9.2M (includes $8.8M in amortization); resulting in a capital fund deficit of $5.5M.

The annual restricted funds expenditures for 2016-17 was $.09M with revenue of $.01M; resulting in a restricted fund deficit for the year of $.08M.

Guaranteed debt obligations total $.92M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements.

AUDITED FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Five Hills Regional Health Authority

We have audited the accompanying financial statements of Five Hills Regional Health Authority which comprise the statement of financial position as at March 31, 2017, and the statements of operations and changes in fund balances, remeasurement gains and losses and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion these financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Emphasis of Matter

We draw your attention to Note 17 which describes the future restructuring of the regional health authorities in Saskatchewan. Our opinion is not qualified in respect of this matter.

May 31, 2017
Regina, Saskatchewan

VIRTUS GROUP LLP
Chartered Professional Accountants

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2017

	Operating Fund	Restricted: Capital Fund	Restricted: Community Trust Fund	Total March 31, 2017	Total March 31, 2016 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 22,287,531	$ 22,441,376	$ (18,362)	$ 44,710,545	$ 41,563,830
Accounts receivable					
Ministry of Health - General Revenue Fund	398,827	-	-	398,827	999,979
Other	1,833,304	8,348	3,836	1,845,488	1,566,655
Inventory	798,637	-	-	798,637	812,292
Prepaid expenses	1,072,266	-	-	1,072,266	816,054
	26,390,565	22,449,724	(14,526)	48,825,763	45,758,810
Investments (Note 2, Schedule 2)	86,359	42,976	186,125	315,460	382,460
Capital assets (Note 3)	-	113,199,376	-	113,199,376	117,825,126
Total Assets	$ 26,476,924	$135,692,076	$ 171,599	$ 162,340,599	$ 163,966,396
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 9,051,009	$ 5,919	$ -	$ 9,056,928	$ 7,350,921
Accrued salaries	3,713,703	-	-	3,713,703	4,956,418
Vacation payable	6,639,299	-	-	6,639,299	6,517,268
Mortgages payable - Current (Note 5)	-	154,202	-	154,202	158,978
Deferred Revenue (Note 6)	2,602,048	68,357	-	2,670,405	2,824,637
	22,006,059	228,478	-	22,234,537	21,808,222
Long Term Liabilities					
Mortgages payable (Note 5)	-	769,157	-	769,157	924,997
Employee Future Benefits (Note 11)	3,043,000	-	-	3,043,000	3,021,800
Total Liabilities	25,049,059	997,635	-	26,046,694	25,755,019
Fund Balances					
Invested in capital assets	-	112,276,017	-	112,276,017	116,741,151
Externally restricted (Schedule 3)	-	-	171,599	171,599	254,905
Internally restricted (Schedule 4)	-	22,418,424	-	22,418,424	19,787,456
Unrestricted	1,427,865	-	-	1,427,865	1,427,865
Fund balances - (Statement 2)	1,427,865	134,694,441	171,599	136,793,905	138,211,377
Total Liabilities & Fund Balances	$ 26,476,924	$135,692,076	$ 171,599	$ 162,340,599	$ 163,966,396

Contractual Obligations and Contingent Liabilities (Note 4)
Asset Retirement Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2017

	Operating Fund			Restricted			
	Budget 2017	2017	2016 (Note 10)	Capital Fund 2017	Community Trust Fund 2017	Total 2017	Total 2016 (Note 10)
REVENUES							
Ministry of Health - general	$ 150,488,182	$ 149,983,396	$ 149,287,842	$ 1,001,459	$ -	$ 1,001,459	$ 8,269,421
Other provincial	2,550,561	2,526,639	2,057,578	35,770	-	35,770	45,471
Federal government	206,505	582,219	210,285	-	-	-	-
Patient & client fees	3,766,300	3,763,732	3,849,911	-	-	-	-
Out of province (reciprocal)	1,009,800	1,149,008	1,034,052	-	-	-	-
Out of country	124,000	77,938	141,659	-	-	-	-
Donations	-	20,550	127,329	2,405,676	-	2,405,676	4,555,407
Ancillary	569,210	564,766	342,566	20,600	-	20,600	20,600
Investment	225,168	246,230	227,004	190,677	6,417	197,094	246,753
Recoveries	1,467,713	2,189,336	1,832,222	-	-	-	-
Other	18,950	21,030	25,353	30,185	-	30,185	17,497
Total revenues	**160,426,389**	**161,124,844**	**159,135,801**	**3,684,367**	**6,417**	**3,690,784**	**13,155,149**
EXPENSES							
Inpatient & resident services							
Nursing Administration	1,803,913	1,826,049	1,678,803	30,525	-	30,525	45,293
Acute	22,645,438	22,947,757	23,879,591	1,056,592	-	1,056,592	1,338,044
Supportive	38,257,934	37,626,467	37,436,763	267,079	-	267,079	270,670
Mental health & addictions	2,052,404	2,182,711	2,251,935	26,980	-	26,980	15,108
Total inpatient & resident services	**64,759,689**	**64,582,984**	**65,247,092**	**1,381,176**	**-**	**1,381,176**	**1,669,115**
Physician compensation	**17,429,658**	**16,973,169**	**15,999,894**	**-**	**-**	**-**	**-**
Ambulatory care services	**7,500,690**	**7,594,396**	**7,431,391**	**257,857**	**-**	**257,857**	**191,997**
Diagnostic & therapeutic services	**14,240,043**	**13,582,293**	**13,802,824**	**1,766,403**	**-**	**1,766,403**	**1,674,499**
Community health services							
Primary health care	2,687,791	2,365,250	2,093,685	10,899	-	10,899	14,383
Home care	9,893,009	9,996,574	10,209,076	304,983	79,427	384,410	379,357
Mental health & addictions	7,467,073	7,291,267	7,127,427	11,725	-	11,725	4,801
Population health	4,322,478	4,238,207	4,337,358	1,650	-	1,650	1,650
Emergency response services	3,324,047	3,314,546	3,344,250	636	-	636	-
Other community services	1,009,394	909,205	829,817	7,154	-	7,154	9,395
Total community health services	**28,703,792**	**28,115,049**	**27,941,613**	**337,047**	**79,427**	**416,474**	**409,586**
Support services							
Program support	8,329,191	7,752,970	7,660,280	751,881	10,296	762,177	643,908
Operational support	18,543,566	18,440,859	18,389,421	621,576	-	621,576	576,993
Other support	312,063	246,217	296,232	4,047,314	-	4,047,314	5,065,975
Employee Future Benefits	21,200	21,200	(500)	-	-	-	-
Total support services	**27,206,020**	**26,461,246**	**26,345,433**	**5,420,771**	**10,296**	**5,431,067**	**6,286,876**
Ancillary	**200,497**	**170,986**	**128,462**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**160,040,389**	**157,480,123**	**156,896,709**	**9,163,254**	**89,723**	**9,252,977**	**10,232,073**
Excess (deficiency) of revenues over expenses	**$ 386,000**	**3,644,721**	**2,239,092**	**(5,478,887)**	**(83,306)**	**(5,562,193)**	**2,923,076**
Interfund Transfers							
Capital Asset Purchases		(3,399,762)	(1,994,133)	3,399,762		3,399,762	1,994,133
Mortgage Payment		(186,610)	(186,610)	186,610		186,610	186,610
SHC reserves		(58,349)	(58,349)	58,349		58,349	58,349
Total Interfund Transfers (Note 14)		(3,644,721)	(2,239,092)	3,644,721	-	3,644,721	2,239,092
Remeasurement Gains (Losses)		-	-	-	-	-	-
Increase (decrease) in fund balances		**-**	**-**	**(1,834,166)**	**(83,306)**	**(1,917,472)**	**5,162,168**
Fund balances, beginning of year		1,427,865	1,427,865	136,528,607	254,905	136,783,512	131,621,344
Fund balances, end of year		$ 1,427,865	$ 1,427,865	$ 134,694,441	$ 171,599	$ 134,866,040	$ 136,783,512

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
For the Year Ended March 31, 2017

	2017	2016
Accumulated remeasurement gains, beginning of year	$ -	$ -
Unrealized gain (losses) attributed to:		
Investments (Schedule 2)	-	-
Realized gains (losses), reclassifed to statement of operations:		
Investments (Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
	-	-
Net remeasurement gains for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these consolidated financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2017

	Operating Fund		Restricted Fund			
	2017	2016 (Note 19)	Capital Fund	Community Trust Fund	Total 2017	Total 2016 (Note 19)
Cash Provided by (used in):						
Operating activities						
Excess (deficiency) of revenue over expenses	$ 3,644,721	$ 2,239,092	$ (5,478,887)	$ (83,306)	$ (5,562,193)	$ 2,923,076
Net change in non-cash working capital (Note 7)	532,397	1,506,370	(1,221)	877	(344)	428,037
Amortization of capital assets	-	-	8,793,955	-	8,793,955	9,638,828
Investment income on long-term investments	-	-	-	-	-	-
Gain (loss) on disposal of capital assets	-	-	-	-	-	-
	4,177,118	3,745,462	3,313,847	(82,429)	3,231,418	12,989,941
Capital Activities						
Purchase of capital assets						
Buildings construction	-	-	(2,230,900)	-	(2,230,900)	(13,173,919)
Equipment	-	-	(1,937,304)	-	(1,937,304)	(11,217,269)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(4,168,204)	-	(4,168,204)	(24,391,188)
Investing Activities						
Sale (Purchase) of long-term investment	15,000	(18,109)	-	52,000	52,000	(9,442)
	15,000	(18,109)	-	52,000	52,000	(9,442)
Financing Activities						
Repayment of debt	-	-	(160,617)	-	(160,617)	(157,234)
	-	-	(160,617)	-	(160,617)	(157,234)
Net increase (decrease) in cash & short term investments during the year	4,192,118	3,727,353	(1,014,974)	(30,429)	(1,045,403)	(11,567,923)
Cash & short term investments, beginning of year	21,740,134	20,251,873	19,811,629	12,067	19,823,696	29,152,527
Interfund transfers (Note 14)	(3,644,721)	(2,239,092)	3,644,721	-	3,644,721	2,239,092
Cash & short term investments, end of year (Schedule 2)	**$ 22,287,531**	**$ 21,740,134**	**$ 22,441,376**	**$ (18,362)**	**$ 22,423,014**	**$ 19,823,696**

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a not-for-profit organization and is not subject to income or property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada (Chartered Professional Accountants). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 10%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) Employee Future Benefits

i) Pension plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining services life of the related employee groups.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian

public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings the period in which they become known.

h) Financial Instruments

Cash, bonds, GICs, accounts receivable, accounts payable, accrued salaries and vacation payable are recorded at amortized cost. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017 (2016 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are classified as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

k) New accounting standards not yet in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

i. PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.

ii. PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.

iii. PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.

iv. PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.

v. PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.

vi. PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

vii. PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.

viii. PS 2601 Foreign Currency Translation (effective April 1, 2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.

ix. PS 1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.

x. PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investments.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

3. Capital Assets

	March 31, 2017			March 31, 2016 (Note 10)
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 3,966,133	$ -	$ 3,966,133	$ 3,966,133
Land Improvements	564,458	435,231	129,227	157,461
Buildings	127,898,191	28,808,200	99,089,991	100,316,584
Equipment	37,958,788	27,944,763	10,014,025	13,384,948
	$ 170,387,570	$ 57,188,194	$ 113,199,376	$ 117,875,126

4. Contractual obligations and contingent liabilities

a) Capital Assets Acquisitions

At March 31, 2017, contractual obligations for the acquisition of capital assets (including the demolition of existing hospital) were $764,961 (2016 - $3,558,982). The total contractual obligation includes an amount for the construction of a new hospital $0 (2016 - $2,833,439).

b) Contracted Health Service Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2017 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

c) Asset Retirement Obligations

The RHA had an asset retirement obligation for the demolition of the old hospital in Moose Jaw, which was completed during the 2016/2017 fiscal year.

d) Contingent Liability

During the construction of the new hospital in Moose Jaw, a dispute arose with a subcontractor regarding the terms and conditions in the contract. As a result, the subcontractor has placed a $11,977,637 lien on the property. At this time, the RHA is working with its legal council to resolve this issue but the outcome of this dispute is not determinable. No amounts have been accrued in the financial statements for this amount.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2017	2016
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	8.38%	$22,877 principal & interest. Mortgage due date - November 1, 2016	$0	$14,992
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date - July 1, 2019	15,542	23,496
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.86%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	635,089	645,835
Regency Manor CMHC, due August 1, 2019	0.92%	$94,788 principal & interest. Mortgage renewal date - August 1 1, 2019.	226,454	315,629
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,803 principal & interest. Mortgage renewal date - October 1, 2024.	86,972	91,837
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	29,352	45,646
			$979,349	$1,088,575
Less: Current portion			154,762	158,978
			$791,187	$924,997

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years, and thereafter are estimated as follows:

2018	$ 154,202
2019	154,261
2020	88,769
2021	51,088
2022	56,470
2023 and subsequent	418,569

6. Deferred Revenue

As at March 31, 2017 **Sask Health Initiatives**	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Approved home enhancements	14,435	14,435	9,697	9,697
Approved home operator training	781	-	-	781
Alt Physician Point C Battle	21,886	-	31,547	53,433
Alt Physician Point Moose Jaw	68,167	-	53,832	121,999
Alt Physician Point Oxbk	88,527	32,705	-	55,822
Alt Physician Point Assiniboia	191,736	-	173,658	365,394
Alt Physician Point Tam Wellness	24,428	24,428	8,965	8,965
Alt Physician Point Pediatrics	207,515	207,515	55,058	55,058
Primary Health Care Oxbk	38,626	-	69,329	107,955
Primary Health Care Moose Jaw	54,771	-	16,073	70,844
Primary Health Care Crescent View MJ	387,454	267,792	-	119,662
Addictions Cross Training	47,983	47,983	-	-
Addictions	36,733	-	21,016	57,749
Addictions Community Supports	17,325	17,325	-	-
Safestart Program Quality Workplace	42,507	-	10,000	52,507
Nurse Mentorship Initiative	24,018	-	28,780	52,798
Public Health Capacity	240,404	24,602	-	215,802
Salton Services	7,836	-	-	7,836
Bursary Program For Nurse Practitioner	25,000	-	2,500	27,500
Bursary Program For Health Students	22,396	-	-	22,396
Purposeful rounding Long Term Care	57,402	32,577	-	24,825
Resident Assessment	75,000	-	-	75,000
Magnetic Resonance Imaging	137,129	-	200,000	337,129
Acute Stroke Pathway	-	-	15,000	15,000
Take Home Naloxone Program	-	-	3,000	3,000
Participative student	-	-	12,000	12,000
Needle Exchange	-	-	9,333	9,333
Rural Locum	50,788	-	37,212	88,000
Drug Treatment Program	4,225	4,225	-	-
Alternate Payment Project Geriatrics	23,000	23,000	-	-
Enhanced Preventative Dental	31,059	153	-	30,906
Primary Health Care - South Pharmacy Services	22,353	-	6,951	29,304
Lower extremity wound pathway	12,112	129	-	11,983
Urgent Issues Fund - long term care	15,254	-	-	15,254
Total Sask Health	**$ 1,990,850**	**$ 696,869**	**$ 763,951**	**$ 2,057,932**

As at March 31, 2017	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Other Government of Sask Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 41,641	$ 34,132	$ -	$ 7,509
Sask Learning - General Revenue Fund - Kids First Non Targeted	10,568	-	9,141	19,709
Sask Social Services - General Revenue Fund - Family Outreach Program	33,685	5,540	-	28,145
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,415	-	-	1,415
3s health Smart Pump Program	87,746	87,746	-	-
Other - SGI Acquired Brain Injury Comm Coord	89,748	-	9,257	99,005
Other - SGI Acquired Brain Injury Prov Coord	35,667	8,767	-	26,900
Other - SGI Acquired Brain Injury Independent Living Adv	-	29,988	30,000	12
RQRHA Autism Regional Occup Therapy	37,780	-	-	37,780
Total Other Government of Sask Initiatives	**$ 338,250**	**$ 166,173**	**$ 48,398**	**$ 220,475**
Non Government of Sask Initiatives				
GST rebate subject to further review	78,728	78,728	-	-
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	9,230	-	-	9,230
Other - MJHF (Operating Equipment)	10,926	-	-	10,926
Other - Home Care Palliative	15,631	15,631	-	-
Other - First Nations Health Employer Support	17,883	-	-	17,883
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	62,256	-	-	62,256
Other - Patient rent received in advance	46,237	27,694	-	18,543
Other - Homecare Moose Jaw Nursing	6,000	-	-	6,000
Other - MJUH Emergency Room	1,315	-	-	1,315
Other - MJUH ICU education	2,000	2,000	-	-
Other - School based services	90,412	-	13,514	103,926
Other - IHQC Pursuing Excellence	7,273	-	-	7,273
Other - miscellaneous	30,804	-	7,000	37,804
Total Non Government of Sask Initiatives	**$ 427,180**	**$ 124,053**	**$ 20,514**	**$ 323,641**
Total Deferred Revenue	**$ 2,756,280**	**$ 987,095**	**$ 832,863**	**$ 2,602,048**

The amount reported as deferred revenue in the capital fund at March 31, 2017 ($68,357; 2016 - $68,357) relates to a 10% deposit received on the sale of the old hospital property to the City of Moose Jaw.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2017	2016 (Note 10 & 17)	Capital Fund	Community Trust Fund	Total 2017	Total 2016 (Note 10 & 17)
(Increase) Decrease in accounts receivable	$ 521,215	$ (768,741)	$ 227	$ 877	$ 1,104	$ 360,453
(Increase) in inventory	13,655	275	-	-	-	-
(Increase) Decrease in prepaid expenses	(256,212)	96,244	-	-	-	-
Increase (Decrease) in accounts payable	1,707,455	411,967	(1,448)	-	(1,448)	(773)
Increase (Decrease) in accrued salaries	(1,242,715)	1,330,733	-	-	-	-
Increase in vacation payable	122,031	391,540	-	-	-	-
Increase in deferral revenue	(154,232)	44,852	-	-	-	68,357
(Decrease) Increase in employee future benefits	21,200	(500)	-	-	-	-
	$ 532,397	$ 1,506,370	$ (1,221)	$ 877	$ (344)	$ 428,037

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2017 is $1,503 (2016 - $4,008) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2017	2016
Revenues		
Workers Compensation	$ 1,502,540	$ 912,580
Ministry of Education	788,722	451,447
	$ 2,291,262	$ 1,364,027

	2017	2016
Expenses		
SK Health	$ 4,464,000	$ 3,905,000
Saskatchewan Health Employees Pension Plan	5,028,658	3,793,000
Saskatchewan Energy	299,613	367,643
Saskatchewan Power	1,285,981	959,442
Ministry of Central Services	902,489	858,365
eHealth Sask	138,067	144,729
Sask Tel	346,094	345,883
Valleyview	-	725,294
Workers Compensation	808,363	1,125,925
	$ 13,639,329	$ 13,151,245

Prepaid Expenses		
Workers Compensation	$ 242,682	$ 259,969
SK Health	130,967	1,805
	$ 373,649	$ 261,774
Accounts Payable		
SK Health	$ 490,518	$ 217,858
	$ 490,518	$ 217,858

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2017	2016
Extendicare (Canada) Inc.	$ 7,157,155	$ 7,006,619
Canadian Mental Health Association	23,446	13,181
Thunder Creek Rehabilitation Association Inc.	2,157,089	2,066,307
LifeLine Ambulance Service Inc.	2,193,195	2,223,966
Hatch Ambulance Service Inc.	688,969	697,289
	$ 12,219,854	$ 12,007,362

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires

affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2017	2016
Providence Place for Holistic Health Inc.	$ 15,116,393	$ 14,965,291
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	6,001,653	5,756,575
St. Joseph's Hospital (Grey Nuns) of Gravelbourg Ambulance Service	354,280	358,248
	$ 21,472,326	$ 21,080,114

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2017 and 2016.

	Total 2017	Total 2016
Balance Sheet		
Assets	$5,709,171	$5,179,317
Net Capital Assets	19,481,218	20,262,933
Total Assets	$25,190,389	$25,442,250
Total Liabilities	$5,928,373	$5,579,386
Total Net Assets	19,262,016	19,862,864
	$25,190,389	$25,442,250

	Total 2017	Total 2016
Results of Operations		
RHA Grant	$20,879,525	$21,297,802
Other Revenue	4,904,480	4,560,970
Total Revenue	$25,784,005	$25,858,772
Salaries & Benefits	$20,788,980	$20,861,133
Other Expenses*	5,581,362	5,740,362
Total Expenses	$26,370,342	$26,601,495
Excess Expenses over revenues	($586,337)	($742,723)

* Other Expenses includes amortization of $1,243,441 (2016-$1,255,699)

	Total 2017	Total 2016
Cash Flows		
Cash from Operations	($440,397)	($132,452)
Cash used in financing activities	476,249	630,711
Cash used in Investing activities	(476,235)	(629,064)
Increase (decrease) in cash	($440,383)	($130,805)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $4,774,760 (2016 - $4,697,593) of the foundation's net assets must be used to purchase specialized equipment. In 2016, the foundation's total expenses include contributions of $2,279,301 (2015 - $2,027,402) to the RHA.

10. Comparative Information

Certain prior period balances have been reclassified to conform with the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3SHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Government of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions noted below.

	2017			2016
	SHEPP[1]	PEPP	Total	Total
Number of active members	1,244	12	1,256	1,214
Member contribution rate, percentage of salary	8.10-10.07%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.072-11.984%*	5.00-7.00%*		
Member contributions (thousands of dollars)	5,187	69	5,256	5,147
RHA contributions (thousands of dollars)	5,856	67	5,923	5,755

* Contribution rate varies based on employee group.
1. Active members include all employees of the RHA, including those on leave of absence as of March 31, 2017. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them. SHEPP contribution rates increased on December 15, 2013 (i.e., from 7.70% to 8.10% and from 10.00% to 10.70% for members; RHA contribution rates increased by the same proportion).

Pension Plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

a) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. General established in 1975;
2. SEIU established in 1975 – affiliated with the Service Employees International Union; and
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in compensation – benefits and medical remuneration and benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017				2016
	General	SEIU	SUN	Total	Total
Number of active members	204	763	335	1,302	1,305
Member contribution rate, percentage of salary	.60-.70%*	1.25%	0.69%		
RHA contribution rate, percentage of salary	.70-.80%*	1.25%	0.81%		
Member contributions (thousands of dollars)	106	361	147	614	631
RHA contributions (thousands of dollars)	106	361	173	640	659

* Contribution rate varies based on employee group.

c) Accumulated sick leave benefit liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA had completed an actuarial valuation as of March 31, 2016 with an estimated valuation to March 31, 2018. Key assumptions used as inputs into the actuarial calculation are as follows:

Actuarial Assumptions as of:	March 31, 2016	March 31, 2017 (and projection years)
Discount rate	2.4% per annum	2.5% per annum
Mortality rates	CPM 2014 Public Table with 2D Projections using CPM Scale B	
Underlying earnings escalation rate	1.0% per annum	
Additional earnings increase for seniority, merit and promotion	For ages 15 to 29:	2.0% per annum
	For ages 30 to 39:	1.5% per annum
	For ages 40 to 49:	1.0% per annum
	For ages 50 to 59:	0.5% per annum
	For ages 60 and over:	0.0% per annum
Termination rates	Sample rates shown below:	

Age	Rate
20	0.119
25	0.084
30	0.056
35	0.045
40	0.035
45	0.030
50	0.025
55	0.015
60	0.010

Retirement rates	Before member reaches Rule of 80 (age plus service equals at least 80)
	2% at age 55 for members who have between 10 and 22 years of service
	1% at age 60 for members who have between 6 and 9 years of service
	4% at age 60 for members who have between 10 and 17 years of service
	0% at all other ages and service where member does not meet Rule of 80
	After member reaches Rule of 80:
	8% for ages under 55
	35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points)
	25% at age 55 for members who have at least 27 years of service (at least 82 points)
	12% for ages between 56 and 59 where the member has between 80 and 81 points
	8% for ages between 56 and 59 where member has at least 82 points
	25% for ages between 60 and 61 where the member has between 80 and 81 points
	19% for ages between 60 and 61 where the member has at least 82 points
	19% for ages between 62 and 64
	Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100%
	Retirement rates at any other combination of age and service not described above are 0%

		2017		2016
Accrued benefit obligation, beginning of year	$	3,021,800	$	3,022,300
Cost for the year				
Interest expense		84,100		61,900
Current period benefit cost		404,200		382,500
Amortization of actuarial losses		50,100		27,300
Benefits paid during the year		517,200		472,200
Accrued benefit obligation, end of year	$	3,043,000	$	3,021,800

12. Budget

The RHA Board approved the 2016-17 budget plan on July 21, 2016.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practises of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2017	2016
Cash and short-term investments	$ 44,710,545	$ 41,563,830
Accounts receivable		
Ministry of Health - General Revenue Fund	398,827	999,979
Other	1,845,488	1,566,655
Investments	315,460	382,460
	$ 47,270,320	$ 44,512,924

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment

certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2017 and 2016 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, 2017 had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $0 (2016 - $0), approximately 0% of the fair value of investments (2016 - 0%).

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2017 the RHA has a cash balance of $44,710,545 (2016 - $41,563,830).

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $1,123,693 (2016 - $1,375,899) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.

Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.

Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2016 or 2017.

There were no items transferred between levels in 2016 or 2017.

g) Short-term Borrowing/Operating Line-of-credit:

Short-term borrowings are secured by assignment of future grant funding and bears interest rate at prime plus 1%, which is due on demand. Total interest paid on the short-term borrowings in 2017 was $0 (2016 - $0).

The RHA has a line-of-credit limit of $1,000,000 (2016 - $1,000,000) with an interest rate of prime plus 1%. The line-of-credit is secured by assignment of future grant funding. Total interest paid on the line-of-credit in 2017 was $0 (2016- $0).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2017			2016		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (3,399,762)	$ 3,399,762	$ -	$ (1,994,133)	$ 1,994,133	$ -
Mortgage repayment	(186,610)	186,610	-	(186,610)	186,610	-
SHC reserves	(58,349)	58,349	-	(58,349)	58,349	-
	$ (3,644,721)	$ 3,644,721	$ -	$ (2,239,092)	$ 2,239,092	$ -

15. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018. The Service Employees International Union (SEIU) contract expired March 31, 2017.

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

17. Restructuring

The Government of Saskatchewan has announced its intention to amalgamate the province's 12 existing Regional Health Authorities, including Five Hills Regional Health Authority, into one single Provincial Health Authority. The amalgamation is expected to occur in the Fall of 2017. Therefore the assets, liabilities and operations will continue as part of the Provincial Health Authority. As a result, these financial statements have been prepared on a going concern basis.

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2017

	Budget 2017	Actual 2017	Actual 2016
Operating:			
Advertising & public relations	$ 54,687	$ 48,877	$ 98,348
Board costs	110,763	42,714	55,391
Compensation - benefits	14,560,155	14,447,226	13,930,147
Compensation - employee future benefits	21,200	21,200	(500)
Compensation - salaries	71,423,553	72,982,927	73,968,025
Continuing education fees & materials	237,866	129,201	211,397
Contracted-out services - other	3,086,814	2,194,916	2,273,171
Diagnostic imaging supplies	244,124	169,407	178,483
Dietary supplies	162,019	154,869	158,669
Drugs	2,025,231	1,590,558	1,531,813
Food	1,482,050	1,452,430	1,382,187
Grants to ambulance services	3,236,444	3,236,444	3,279,503
Grants to health care organizations & affiliates	29,830,607	29,698,478	29,297,341
Housekeeping & laundry supplies	788,075	677,749	653,737
Information technology contracts	1,016,785	1,016,882	652,350
Insurance	312,063	233,173	216,126
Interest	3,346	11,625	2,157
Laboratory supplies	1,156,337	1,041,897	1,007,205
Medical & surgical supplies	3,552,255	2,854,619	2,774,644
Medical remuneration & benefits	17,040,431	16,624,992	15,525,201
Meetings	5,400	4,031	3,844
Office supplies & other office costs	776,901	607,416	667,909
Other	34,762	20,342	99,916
Professional fees	935,616	827,517	821,818
Prosthetics	750,943	672,650	483,165
Purchased salaries	363,039	588,004	924,280
Rent/lease/purchase costs	1,434,228	1,476,000	1,979,308
Repairs & maintenance	1,851,008	1,527,769	1,704,203
Supplies - other	245,301	121,379	166,584
Therapeutic supplies	128,240	100,462	114,647
Travel	1,275,244	1,066,067	1,164,712
Utilities	1,894,902	1,838,302	1,570,928
Total Operating Expenses	$ 160,040,389	$ 157,480,123	$ 156,896,709
Restricted:			
Amortization		$ 8,793,955	$ 9,638,828
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		78,798	92,469
Other		380,224	500,776
		$ 9,252,977	$ 10,232,073

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2017

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 22,290,123			
	$ 22,290,123			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 132,891	n/a		
	$ 132,891			
Total Cash & Short Term Investments	$ 22,423,014			
Long Term				
Homequity Bank GIC	$ 10,325	3/6/2019	2.60%	2.60%
Cdn Western Bank GIC	50,000	6/12/2019	2.57%	2.57%
Bank of Nova Scotia GIC	95,000	12/8/2019	2.57%	2.57%
Montreal Trust GIC	30,800	12/8/2019	2.57%	2.57%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 229,101			
Total Restricted Investments	**$ 22,652,115**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 22,243,373			
Royal Bank	10,219			
Cash on hand	11,095			
	$ 22,264,687			
Bond/Mutual Fund:				
B2B Bank GIC	$ 15,000	2/26/2018	1.75%	1.75%
RBC Invest Savings Acct	$ 7,844	n/a		
	$ 22,844			
Total Cash & Short Term Investments	$ 22,287,531			
Long Term				
Home Equity bank GIC	$ 64,350	9/12/2019	2.55%	2.55%
Montreal Trust GIC	3,900	12/8/2019	2.57%	2.57%
Home Trust GIC	18,109	6/4/2020	2.35%	2.35%
Total Long Term Investments	$ 86,359			
Total Unrestricted Investments	**$ 22,373,890**			
Total Investments	**$ 45,026,005**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 44,710,545			
Total Long Term	$ 315,460			
Total Investments	**$ 45,026,005**			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2017

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Non Government of Sask initiatives						
Moose Jaw Union Hospital - Haggerty	$ 10,087	$ 276	$ -	$ 10,297	$ -	$ 66
Moose Jaw Union Hospital - Elsom/Mutric	15,121	131	-	-	-	15,252
Craik Health Centre	138,408	1,318	-	-	-	139,726
Thunder Creek Home Care	90,224	4,683	-	79,426	-	15,481
South Country	1,065	9	-	-	-	1,074
Total Non Government of Sask initiatives	254,905	6,417	-	89,723	-	171,599
Total Community Trust Fund	$ 254,905	$ 6,417	$ -	$ 89,723	$ -	$ 171,599

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health initiatives						
Ministry of Health - Capital Projects	$ -	$ -	$ -	$ -	$ -	$ -
Total Sask Health initiatives	-	-	-	-	-	-
Total Capital Fund	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL EXTERNALLY RESTRICTED FUNDS	$ .254,905	$ 6,417	$ -	$ 89,723	$ -	$ 171,599

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2017

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 196,733	$ 2,090	$ 23,866	$ -	$ -	$ 222,689
Pioneer Housing - Lodge (Moose Jaw)	274,336	2,850	14,833	-	-	292,019
Pioneer Housing - Units (Moose Jaw)	316,301	3,120	12,000	-	-	331,421
Regency Manor	7,690	140	7,630	-	-	15,460
Total SHC	795,060	8,200	58,349	-	-	861,609
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cumulative surplus	18,968,552	-	386,610	-	2,177,809	21,532,971
Total Capital	$ 19,787,456	$ 8,200	$ 444,959	$ -	$ 2,177,809	$ 22,418,424
Total Internally Restricted Funds	$ 19,787,456	$ 8,200	$ 444,959	$ -	$ 2,177,809	$ 22,418,424

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2017

	2017							2016
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Elizabeth Collicott	$ 9,960	$ 6,200	$ 738	$ 938	$ -	$ -	$ 17,836	$ 20,319
Grant Berger	-	1,275	350	540	-	-	2,165	2,196
Janet Day	-	1,475	600	489	-	-	2,564	3,864
Gwen Eyre	-	1,700	400	896	-	24	3,020	8,525
Alvin Klassen	-	2,525	1,300	2,173	-	-	5,998	5,903
Tracey Kuffner	-	1,675	850	1,324	-	7	3,856	4,115
Brian Martynook	-	2,600	350	126	-	36	3,112	2,149
Cecilia Mulhern [1]	-	-	-	-	-	-	-	2,240
George Reaves [2]	-	-	-	-	-	-	-	3,235
Donald Shanner	-	2,488	50	-	-	-	2,538	2,755
Carol Wittman	-	1,350	163	267	-	-	1,780	7,904
Total	$ 9,960	$ 21,288	$ 4,801	$ 6,753	$ -	$ 67	$ 42,869	$ 63,205

1. Moved out of region Sep 28, 2015
2. Moved out of region Feb 24, 2016

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2017

	2017					2016		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cheryl Craig, CEO and President	$ 339,407	$ 6,507	$ 345,914	$ -	$ 345,914	$ 333,385	$ -	$ 333,385
Stuart Cunningham, Vice President [3]	94,412	810	95,222	-	95,222	173,742	-	173,742
Kyle Matthies, Vice President	170,674	-	170,674	-	170,674	156,358	-	156,358
Wayne Blazieko, Vice President & CFO	203,036	-	203,036	-	203,036	192,003	-	192,003
Dr. Mark Vooght, MHO	208,125	-	208,125	-	208,125	177,615	-	177,615
Terry Hutchinson, Vice President	180,857	810	181,667	-	181,667	182,331	-	182,331
Dr. A. Adewumi, Medical Director [4]	182,342	-	182,342	-	182,342	-	-	-
John Liguori, Vice President [5]	33,770	-	33,770	-	33,770	165,352	-	165,352
Laurie Albinet, Vice President	179,028	-	179,028	-	179,028	189,394	-	189,394
Gilbert Linklater, Vice President [6]	-	-	-	-	-	57,755	-	57,755
James Allen, Vice President	158,574	810	159,384	-	159,384	167,356	-	167,356
Dr. Fred Wigmore, Medical Director [7]	36,610	-	36,610	-	36,610	316,722	-	316,722
Georgia Hutchinson, Vice President [8]	176,706	810	177,516	-	177,516	143,600	-	143,600
Total	$ 1,963,541	$ 9,747	$ 1,973,288	$ -	$ 1,973,288	$ 2,255,613	$ -	$ 2,255,613

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the 2014-15, 2015-16 and 2016-17 fiscal years. Senior employees will receive 100% of of their base salary for 2014-15, 2015-16 and 2016-17.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

3. Vice President resigned August 26, 2016

4. Contracted Interim Medical Director May 16, 2016

5. Vice President retired May 14, 2016

6. Vice President retired April 30, 2015

7. Contracted Medical Director retired May 12, 2016

8. Interim Vice President May 1, 2015 and permanent May 2, 2016

PAYEE LIST

PERSONAL SERVICES

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Acu, Ma Luzvim	$	51,285
Adams, Cathy		62,654
Addun, Elizabeth		54,714
Adrian, Shelly		80,666
Albinet, Laurie		179,028
Allen, James		159,384
Allen, Thomas		102,247
Altwasser Bryant, Arla		99,454
Amies, Michael		82,102
Anderson, Lori		98,944
Anderson, Paula		76,736
Archibald, Jessica		67,498
Arens, Shannon		66,467
Arguin, Katelyn		56,596
Arseneau, Maureen		83,481
Avery, Kerry		54,720
Awad El Kariem, Dr. Sawsan		112,524
Baillie, Dean		56,313
Bakke, Krista		107,525
Barber, Andrea		56,088
Barnett, Krista		61,908
Barnie, Sandra		71,082
Barrett, Elizabeth		109,020
Bartzen, Della		66,163
Bassendowski-Korbo, Shannon		50,646
Bastedo, J. Roger		108,856
Batty, Heather		86,285
Bauck, Deborah		105,620
Baxter, Paige		51,805
Beatch, Melissa		75,805
Beaubien, Colette		97,664
Beauregard, Claude		62,871
Beausoleil Robb, Aline		66,194
Bechtold, Mike		64,127
Beckley, Kristina		70,639
Bedard, Philippe		98,560
Beitel, Carey		58,833
Belles, Jennifer		51,931
Benallick, Mike		116,273
Bender, Blaine		67,765
Bender, Karen		94,871
Bender, Miranda		66,757
Bengtson, Monica		90,335
Bennett, Colleen		55,011
Berenyi, George		53,799
Berger, Donna		56,357
Berger, Shannon		62,814
Bergeron, Christine		68,584
Biden, Haylee		55,286
Bilawchuk, Lyndon		55,939
Bilusic, Branislav		57,009
Bilusic, Ivana		60,445
Bishop, Lisa		53,484
Bistritzan, Pauline		113,899
Blahitka, Megan		65,852
Blasco, Robin		55,183
Blazieko, Joann		107,063
Blazieko, Wayne		203,036
Bloch, Lisa Marie		72,158
Bochek, Heidi		57,474
Bohlken, Dawn		70,415
Booth, Mary Lee		122,783
Boparai, Navkern		72,031
Bouchard, Jill		109,437
Bourassa, Crystal		85,203
Boutet-La Haye, Rosemarie		64,784
Bouvier, Coralee		91,315
Bouvier, Laurie		63,563
Box, Kimberley		93,999
Brander, Katie		50,253
Breen, Meghan		76,337
Brenner, Teresa		80,371
Brinton, Peggy		100,311
Brisbin, Katherine		95,383
Broadis, Cindy		65,094
Brodziak, Shelby		137,135
Broeder, Teresa		125,820
Brons Rhodes, Cecette		68,391

Broomfield, Pingjit	52,586
Bruneau, Alexis	65,662
Bubyn, Barbara	58,837
Buckton, Michele	102,297
Budd Wutke, Darla	96,324
Budd, Stephanie	90,817
Buhler, Sherri	122,294
Buller, Bonnie	74,286
Bumphrey, Brenda	83,846
Burdzy, Abby	90,080
Burgess, Teryn	72,596
Butlin, Barbara	56,685
Cairns, Lisa	56,786
Cairns, Myles	134,852
Calvert, Joanne	77,974
Cameron, Lindsey	96,435
Cameron, Marcy	58,151
Campbell, Nimone	91,792
Campbell, Patricia	72,473
Campbell, Shauna	99,550
Campeau, Caroline	108,246
Caragata, Angela	52,973
Carroll, Lee Anne	88,960
Cayer, Janice	106,155
Chartrand, Lisa	101,192
Chawla, Ajay	96,251
Chawla, Kavita	88,661
Chevrier, Kaley	50,231
Chisholm, Kelsi	65,615
Chow, Cara	78,709
Christmann, Christina	59,548
Clark, Carol	75,823
Clark, Kirsten	86,477
Closs, Karen	75,869
Cochrane, Rod	122,653
Cole, Brenda	55,209
Cole, Lorlee	87,063
Colmin, Neil	50,713
Cooke, Liana	79,251
Corman, Tess	54,326
Costley, Amber	57,642
Costley, Jeremy	74,635
Costley, Tara	59,744
Cox, Sheila	136,617
Craig, Cheryl	345,914
Cristo, Janet	81,947
Croisetiere, Chris	64,237
Cronan, Melanie	51,150
Cruz, Amy	52,281
Cunningham, Stuart	95,222
Currie, Ashley	57,132
Cyr, Susanne	100,994
Dale, Madison	83,745
Dancey, Colleen	93,775
Demassi, Kristy	96,533
Demeuleneare, Kathryn	61,604
Dempster, Jessica	59,078
D'Entremont, Marc	77,573
Deobald, Brenda	84,828
Deringer, Gina	83,426
Dick Andres, Susan	67,832
Dick, Denise	110,108
Dickson, Janet	77,648
Diehl, Kerri	54,984
Doepker, Bernie	94,387
Donley, Teresa	106,983
Dormer, Jared	71,697
Downey, Corrin	86,110
Downton, Hayley	93,425
Doyle, Christine	50,774
Dreger, Wanda	88,444
Dubois, Dawn	59,626
Duzan, Nancy	64,907
Dyck, Diane	80,640
Dyck, Michelle	55,195
Dykes, Donna	56,098
Easterby, Cory	62,012
Eberts, Jessie	53,288
Eisan, Lisa	51,955
Elford, Denae	57,516
Ellert, Clara	86,323
Ells, Nicole	83,188
Elson Smith, Andrea	126,866
Engler, Kathryn	92,372
Engstrom, Pamela	101,576
Ennest, Amanda	97,462
Erskine, Kimberly	99,219
Erwin, Dre	66,354
Etches, Dr. Robert	485,299
Ewanchuk, Ariana	77,454

Ezeaka, Reuben	92,085
Fafard, Charlene	56,639
Fehr, Mona	56,976
Ferguson, James	73,024
Fernell, Karen	92,837
Ferraton, Tamara	79,465
Feucht Fender, Terri	63,217
Fieldgate, Catherine	87,945
Firomski, Curtis	71,551
Fischer, Christine	109,824
Fjeldberg, Rynae	103,431
Flegel, Deborah	102,514
Fogal, Stacey	62,266
Fogel, Jill	77,457
Forrest, Lois	50,996
Frank, Gwenith	102,558
Fraser, Dan	51,211
French, Heidi	72,994
Friesen, Melissa	106,513
Froehlich, Deneen	98,866
Froehlich, Gillian	70,129
Froehlich, Kelly	83,239
Froehlich, Lynn	53,244
Froehlich, Shayla	77,372
Fryklund, Lois	96,367
Gabel, Morgan	70,697
Gadd, Lee Anne	83,347
Galenzoski, Shelley	59,503
Gallant, Donna	63,315
Garinger, Jana	121,432
Gaucher, Adrien	112,983
Gee, Teresa	95,722
Gibbs, Lianna	64,164
Gibson, Jennifer	54,311
Gilbert, Natasha	87,216
Gillies, Jennifer	84,528
Gleim, Sandra	101,984
Glover, Marcie	80,980
Godin, Fairlie	71,190
Good, Laurie	132,547
Goodison, Melonie	93,595
Goud, Dan	94,765
Grado, Derrick	78,430
Gray, Deborah	108,789
Gray, Tyler	66,802
Green, Emarie	52,216
Griffin, Kathy	107,722
Griffiths, Ellen	63,230
Grosenick, Margot	56,770
Grywacheski, Karen	82,421
Gummeson, Phyllis	82,067
Hadley Cole, Rona	98,656
Hager, Brad	74,266
Hall, Allison	55,652
Hall, Juanita	56,322
Hall, Tracey	74,394
Hallborg, Carla	69,942
Hamm, Wrangler	57,753
Hammel-Kampus, Frances	76,903
Hanson, Cynthia	115,416
Hanson, Stephanie	85,252
Hanson, Teresa	84,707
Harden, Emily-Kay	50,883
Hardy, Diane	74,065
Harkness, Teah	108,320
Hasmatali, Sheryl	108,447
Hassett, Cathy	55,436
Haukaas, Brenda	98,685
Hawley, Veronica	87,689
Hayden, Janice	79,169
Hayter, Dwayne	67,702
Heatcoat, Morgan	94,487
Heath, Stacey	101,074
Heilman, Heather	68,450
Heinrichs, Christina	79,922
Heisler, Jaime	72,868
Helland, Joanne	97,432
Hembroff, Connie	58,728
Hermanson, Starlene	91,811
Hewitt, Erin	66,717
Hobbins, Mary	70,298
Hogg, Jolene	98,312
Hoimyr, Ashley	87,812
Holovach, Lisa	103,651
Howard, Chere	96,437
Howick, David	59,642
Huber, Jillian	82,195
Huber, Marvin	108,169
Huculak, Corinne	86,615
Hudson, Allyson	56,480

Hudson, Donna	91,233
Hundeby, Janet	78,500
Hutchinson, Georgia	177,516
Hutchinson, Terry	181,667
Inglis, Patricia	50,552
Ireland, Diane	125,636
Isley, Karolayna	107,363
Jardine, Heather	82,445
Jarock, Carolyn	60,392
Jarton, Angela	74,706
Johnson, Allyson	82,352
Johnson, Amy	108,979
Johnson, Cynthia	53,279
Johnson, Darren	104,334
Johnson, Elaine	98,002
Johnson, Heather	94,823
Johnson, Krista	54,112
Jones, Glorianne	50,321
Jordison, Sharla	74,585
Juell, Jody	95,305
Kabanuk, Jamie	52,011
Karst, Teresa	59,399
Kaytor, Breanna	91,359
Keen, Leanne	87,335
Kell, Erin	68,497
Kelly, Elizabeth	54,570
Kernick, Sean	59,600
Kindrachuk, Joye	78,497
Kirkham, Sheri	93,270
Kirsch, Joyce	95,748
Kittler, Shelly	99,936
Kitts, Lynn	80,615
Klassen, Inge	102,644
Klisowsky, Brenda	80,511
Knelsen, Sharon	77,464
Knight, Patti Jo	51,578
Knittel, Kristen	51,460
Knorr, Beverley	94,499
Knoss, Gayle	51,586
Knoss, Madison	80,789
Knudson, Katherine	69,347
Knutson, Patricia	51,821
Korbo, Shannon	54,703
Koroluk, Angela	50,517
Korte, Carolyn	57,523
Kozma, Kaitlyn	50,995
Kuffner, Janet	84,541
Kuntz, Heather	103,654
Kusch, Sharla	63,059
Kwan, Rhonda	78,617
Lalonde, Janet	91,071
Lam, Yuen Ting	72,147
Lamarre, Ann	76,160
Lambert, Colleen	97,818
Lamey, Vanessa	72,049
Langdon, Karyn	112,345
Law, Linda	105,777
Le Courtois, Robin	94,173
Le Nouail, Nicole	56,253
Lethbridge, Julia	51,015
Lewis, Shari	50,206
Lewis, Shawna	93,145
Lewry, Patricia	83,510
Li, Hong	76,654
Lind, Aletha	55,468
Liu, Yong	76,515
Loveridge, Janelle	64,562
Lowenberg, Candace	99,521
Ludke, Mona	96,005
Ludwar, Brittany	58,717
Lukan, Keith	75,269
Ma, Kayla	81,166
MacFarlane, Tracy	66,466
Mack, Michelle	92,570
MacKenzie, Dawnidell	63,918
Macknak, Susan	95,067
MacNeil, Melissa	73,829
MacPherson, Stacey	74,937
Maier, Rachelle	73,823
Maliakkal Devass, Printo	90,764
Mall, Daljit	58,290
Martens, Sherry	81,440
Matthies, Kyle	170,674
Maurer, Linda	107,589
Mawson, Teri	76,728
Mazurkiewicz, Jaclyn	82,732
McCallum, Rhonda	97,870
McDowell, Ashleigh	98,177
McEwen, Melissa	61,266
McFadden, Arin	85,564

McFadden, Brandy	99,835
McInnes, Maryellen	55,498
McKenna, Jo-Ann	64,546
McKinnon, Valerie	57,765
McLean, Tanya	75,673
McMaster, Rhonice	94,028
McNabb, Corrine	67,690
Medders, Steve	74,146
Medlock, Darla	57,084
Mehmood, Waheed	80,952
Mellor, Sean	83,696
Merifield, Danielle	93,652
Meshka, April	50,605
Messner, Donna	80,721
Miller Moyse, Gwen	83,473
Miller, Tamye	98,361
Miskiman, Chad	113,114
Molde, Helen	99,921
Molsberry, Faye	52,299
Molsberry, Marjorie	76,483
Monea, Deborah	104,491
Moore, Jean	97,191
Moore, Lois	50,870
Morland, Darlene	60,457
Morland, Tanya	71,319
Morson, Jennifer	66,760
Mosley, Norma	60,151
Mowchenko, Cheryl	53,258
Mustatia, Stacey	79,877
Nameth, Alyson	51,148
Nanowski, Terry	79,755
Neigel, Darcy	130,682
Neithercut, Kimberly	101,283
Nelson, Bonnie	102,845
Nelson, Evelyn	76,976
Neufeld, Diane	56,778
Newans, Robin	101,893
Nganzo, Mariam	85,673
Nicholls, Brenda	109,215
Nicholson, Raelynn	67,000
Nicolson, Sharon	94,105
Nightingale, Janelle	65,127
Nightingale, Laurianne	129,345
Nilson, Deanna	79,160
Noreen Smith, Jana	56,928
Noseworthy, Daisy	67,610
Obe, Olajide	98,358
Oen, Barb	50,619
Ofukany, Lindsey	97,003
Ogle, Wanda	117,099
Oke, Olumayowa	130,888
Ollenberg, James	77,803
Olson, Leigh-Ann	65,284
Olubanwo, Oluwakemi	83,072
Olynick, Terra	104,238
Oram, Dianne	75,506
Orten, Chelbie	53,952
Osborn, Dana	70,490
Oshowy, Haley	63,396
Pagens, Carlie	79,361
Palaschuk, Rhonda	64,878
Palmer, Laurie	80,778
Palmier, Ann	50,630
Palting, Lilibeth	71,206
Papic, Karen	72,641
Pardy, Arlene	114,526
Parker, Lisa	111,789
Paterson, Marny	88,590
Patrick, Joel	89,460
Paul, Alisha	89,919
Paul, Connie	93,449
Paull, Elizabeth	103,668
Paulowicz, Jeffrey	80,360
Pawelke, Linda	61,553
Payne, Dylan	87,783
Pearson, Shannon	78,787
Pecusik, Catherine	114,593
Pedersen, Tara	55,819
Peesker, Stephanie	105,183
Pennington, Margaret	51,457
Peskleway, Cindy	59,174
Petersen, Joanne	70,649
Peterson, Lance	103,559
Peterson, Serena	93,381
Petford, Rhonda	95,211
Petruic, Judy	56,473
Philipation, Dana	69,719
Philipation, Travis	111,944
Pierce Ryba, Taryn	91,110
Pilsner, Deena	130,204

Polos, Shelley	105,043
Porras, Paul	57,589
Price, Angela	55,446
Priel, Selena	56,428
Prior, Angela	80,599
Purdy, Karen	72,162
Quigley, Kimberly	86,782
Rader, Susan	55,625
Rafferty, Mary	84,802
Ramphal, Christine	80,061
Rauscher, Pamela	68,235
Ray, Helene	57,114
Rayner, Anna	50,841
Reaman, Viola	85,043
Reeves, Jamie	57,424
Reimer, Kassi	71,080
Reinhart, Sheila	80,682
Rhodes, Diane	76,853
Richards, Tracy	75,401
Rivard, Wendy	72,352
Roach, Jylian	98,623
Roach, Shelley	70,272
Robb, Donna	64,481
Roberts, Christa	80,503
Robertson, Jackie	99,092
Robertson, Margaret	118,064
Robinson, Nicole	66,506
Rogers Zahariuk, Jill	60,127
Rogers, Alana	94,150
Rogoschewsky, Louise	58,778
Rollie, Wendy	99,229
Rolston, Wendy	70,425
Rossler, Katherine	110,560
Ruschkowski, Linda	74,151
Rusk, Kimberly	65,181
Rusnak Weekes, Nicole	65,441
Rust, Johanne	126,803
Rusu, Troy	83,043
Rutherford, Judy	74,385
Ryan, Beverley	95,959
Ryerson, Ellen	68,592
Sainsbury, Heidi	55,812
Saladana, Rita	91,523
Salido, Deign	109,878
Salido, Joanne	83,124
Sanden, Wendy	110,189
Sanderson, Lois	69,110
Savage, June	106,190
Sawers, Denise	55,970
Schaffer, Larai	75,769
Schellenberg, Tara	94,881
Schellenberg, Wayne	51,980
Schick, Joyce	65,949
Schmidt, Kurtis	88,503
Schmidt, Marcie	92,685
Schneider, Arlene	88,924
Schubert, Britney	84,968
Schutte, Greg	108,979
Schuweiler, Margaret	54,877
Scott, Deborah	114,723
Scott, Jude	59,018
Segall, Heather	108,919
Segall, Kelsey	88,015
Seiferling, Michael	108,519
Seip, Kim	96,020
Selman, Cindy	55,376
Seman, Edward	108,081
Sereda, Dave	116,654
Sharp-Precepa, Peggy	76,402
Shaver, Kimberley	51,401
Shi, Jiahao	79,907
Shiers, Mark	104,809
Shirkey, Patti	134,269
Shirley, Alexandra	80,626
Shook, Darlene	102,016
Shular, Karey	77,303
Silzer, Sharon	85,920
Simmons, Lorna	73,055
Simpson, Jana	103,955
Sinclair, Juliet	99,793
Smith, Brenda C.	88,033
Smith, Brenda L.	53,949
Smith, Cydney	52,067
Smith, Helen	86,777
Smith, Jessica	62,420
Smith, Shelley	100,657
Smith, Violet	79,321
Sowden, Amanda	85,049
Spanjer, Candace	74,231
Sparks, Debbie	88,938

Spence, Laura	82,652
Spence, Vanessa	82,802
Spies, Darcy	58,082
Squires, Wendy	81,035
Stabell, Susan	67,411
Statham, Cheri	101,105
Steel, Brenda	66,396
Stenerson, Wade	71,883
Stephenson, Wanda	64,036
Stevens, Debra	90,514
Stevens, Taneil	68,370
Stevenson, Nadine	92,811
Stewart, Cathy	104,018
Stewart, Lindsay	118,217
Stewart, Shannon	75,775
Stobbart Schultz, Alison	72,005
Straub, Jacquelin	118,325
Striha, Lynn	99,358
Strueby, Malinda	60,516
Sujoldzic, Alen	79,879
Sullivan, Kirby	70,001
Sullivan, Maureen	99,555
Svingen, Louise	114,545
Switzer, Betty	102,980
Szuch, Shantelle	101,202
Tallon Dyck, Holly	52,287
Taylor, Lisa	76,495
Taylor, Megan	76,902
Taylor, Melissa	82,207
Taylor, Monica	54,188
Theede, Maryanne	57,043
Thibault, Michelle	54,148
Thibeault, Nicolle	55,326
Thomas, Stella	50,573
Thul, Louise	125,697
Tiffen, Monique	83,830
Tipper, Lisa	84,558
Tollefson, Aubrey	68,881
Tomashewski, Tannis	80,929
Trafford, Sarah	70,787
Traves, Meagan	50,610
Trowell, Kathryn	93,225
Trumbley, Gayle	50,538
Truscott, Trent	105,615
Tysdal, Elizabeth	70,503
Vaessen, Leisa	117,538
Van De Wiele, Jennifer	61,416
Van Nus, Matthew	88,205
Van Wyk, Deborah	57,725
Vanthuyne, Sarah	63,776
Vargo, Regan	61,729
Vatamaniuk, Lisa	82,734
Veilleux, Elise	57,855
Veluthedath Anda, Roshan	116,263
Vooght, Dr. Mark	208,125
Wagner, Amanda	54,115
Waldenberger, Shelley	70,836
Waldenberger, Vanessa	99,601
Walz, Jason	98,707
Wanner, Brian	78,209
Ward, Cheryl	99,932
Warken, Melanie	80,491
Warner, Tamara	72,466
Waselenko, Julie	82,429
Watson, Donna	84,655
Watteyne, Kristie	110,325
Weber, Nicole	107,552
Wedel, Katrina	88,178
Weiss, Jennifer	66,462
White, Zosima	52,531
Whitney, Betty Ann	51,004
Wicharuk, Judy	104,924
Wiks, Michelle	66,600
Williams, Breanna	95,217
Williams, Shannon	83,087
Williamson, Karen	73,517
Willis, Alyssa	101,419
Wilson, Deidre	53,781
Wilson, Jackie	56,461
Wilson, Karen	71,281
Winter, David	124,447
Wittal, Gerrilynn	104,413
Wolfe, Jacquelin	100,229
Woloschuk Connor, Laurie	73,645
Wong, Gail	67,475
Wood, Darcy	74,944
Wood, Katherine	57,841
Work, Jodi	75,166
Wozniak, Yvonne	96,107
Yaschuk, Carie	101,571

Young, Keri-Lynn		54,567
Young, Vanessa		116,307
Zackrisson, Jessica		83,466
Zahn, Janell		50,835
Zelada, Gabriela		86,607
Zelaya, Karina		62,610
Payees less than $50,000		24,676,947
TOTAL	**$**	**76,030,823**

TRANSFERS

Listed, by program, are transfers to recipients who received $50,000 or more:

Extendicare	$	7,157,155
Hutch Ambulance Service Inc.		688,969
Individualized Home Care Funding		422,008
Moose Jaw & District EMS		2,193,195
Providence Place		14,379,591
Riverside Mission Inc.		61,579
St Joseph's EMS Gravelbourg		354,280
St Joseph's Hospital Gravelbourg		5,753,814
Thunder Creek Rehab. Assoc. Inc.		2,157,089
TOTAL	**$**	**33,167,680**

SUPPLIERS

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment

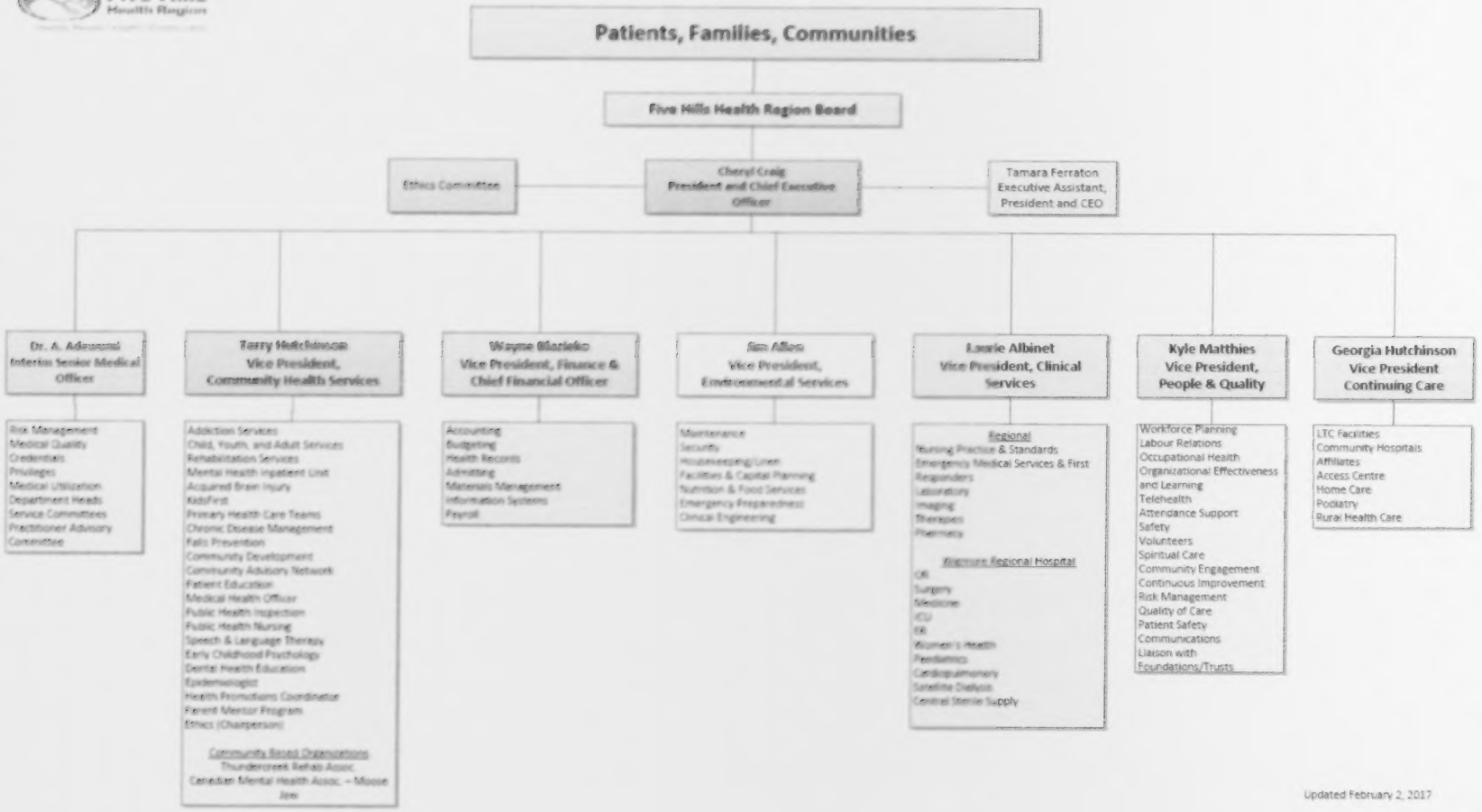
3S Health	$	6,464,758
Abbott Laboratories Ltd.		212,625
Acklands Grainger		114,459
Acunne Medical Prof. Corp.		166,172
Advanced Electronic Solution		215,415
Ahmad, Dr. M. Medical Prof. Corp.		457,367
Alberts Medical PC Inc., Martin		431,038
Alcon Canada Inc.		113,406
Allie Medical Prof. Corp., Dr. Babak		486,376
AMT Electrosurgery Inc.		72,756
Arowolo Medical Prof. Corp., Dr. Modupe		294,864
Bard Canada Inc.		100,471
Baxter Corporation		118,537
Bayer Inc.		73,281
Beckman Coulter Canada LP		109,060
Best Medical Professional Corp., James		332,308
Biomed Recovery & Disposal		74,823
Biomerieux Canada Inc.		94,219

Bio-Rad Lab(Canada) Ltd.	76,607
Black & McDonald Limited	53,281
Bracco Imaging	60,954
Bunzl Canada	120,233
C&E Mechanical Inc.	185,344
Calea Ltd.	145,388
Cardinal Health	603,076
Carefusion Canada 307 ULC	603,642
Caretek Integrated Business	159,400
Caruso, Dr. Sonya	144,099
CDW Canada Inc.	83,517
Cheddie, Dr. Nishaan	59,604
Chief Medical Supplies Ltd.	84,049
Christie Innomed Inc.	54,668
City Of Moose Jaw	269,129
College Of American Pathologists	54,836
Conmed Canada	174,692
Cook (Canada) Inc.	60,043
Covidien Canada ULC	265,982
CPDN 3130827 Canada Inc.	396,573
CU Credit Mastercard	215,778
De Guzman, Dr. Maria Cecilia	72,825
De Jager Medical Prof. Corp.	93,965
Dell Canada	78,083
Du Toit Radiology Prof. Corp., Awie	921,277
Easy Care Living Centre	139,210
Ecolab Ltd.	117,103
eHealth Saskatchewan	296,670
Enterprise Rent-A-Car	55,583
GCK Medical PC Inc.	931,574
General Electric Canada Inc.	51,093
Getinge Canada Ltd.	85,188
Golden Opportunities Fund	72,433
Graham Design Builders LP	1,347,402
Graham/Boldt Constructors A JV	327,432
Grand & Toy	228,800
Great West Life Assurance Co.	559,131
Hassan Medical Prof. Corp., Dr.	546,761
Health Sciences Assoc. Of Sask.	110,156
Healthcare Insurance Reciprocal	182,273
Henderson Insurance Inc.	88,743
Heritage Medical Prof. Corp.	433,784
Hetherington Medical Prof. Corp.	165,473
Hologic Canada Limited	59,409
Hospira Healthcare Corp.	586,568
Impark	103,145
Inter Medico	187,227
Jalal, Dr. Adnan AJ	59,018
Johnson & Johnson Medical	130,936
Johnson Controls Ltd. #C3039	303,757

Logibec Inc.	99,099
London Life	71,163
Loraas Disposal Services Ltd.	53,338
Louw Med Prof. Corp., Dr. Alexander	430,880
Majid Medical PC Inc., Dr. Falah	50,227
Malek Khalil Medical Prof. Corp.	109,892
Mamchur, Dr. Joel	257,215
Mancini, Dr. Stephanie	235,085
Maree Medical Prof. Corp., Dr. Narinda	423,031
Marsh Canada Limited	116,639
McDougall Gauley LLP	136,624
McKesson Canada	717,198
McKesson Distribution Partner	158,507
Menalor Medical PC Ltd.	404,887
Miller Medical Prof. Corp., Dr. George	67,790
Minister Of Finance	467,580
Ministry Of Social Services	59,786
Mody Medical PC Inc., Anish	297,085
Moore Medical Prof. Corp., Dr. E.	199,613
Moose Jaw & District EMS	62,917
Moose Jaw City Square Mall	75,734
Moose Jaw YMCA	82,725
Moyosore Medical Professional Corp.	538,516
Niaz Medical Prof. Corporation	50,317
Odiagah Medical Prof. Corp., Joan	199,615
Ogle Medical Prof. Corp., Dr. Blair	99,928
Oke Medical Prof. Corp.	163,485
Olympus Canada Inc.	65,307
On Power Systems Inc. Canada	58,803
Ortho-Clinical D Can Holding Corp.	79,677
Pentax	53,589
Pepsi Bottling Group	55,612
Philips Electronics Ltd.	404,979
Prairie Schooner	122,803
Prism Medical Ltd.	50,339
Public Employees Pension Plan	150,502
Ramadan Medical Prof. Corp., Dr. Fauzi	61,137
Receiver General For Canada	27,278,304
Regan Medical Prof. Corp., Dr.	80,826
Regina Qu'Appelle Health Region	211,138
Reliable Heating & Cooling	126,855
Rodwan Medical Prof. Corp., Omar	52,807
Roof Management & Inspection	57,879
Russell Food Equipment Ltd.	89,431
Saeed, Dr. Sabir	452,717
Saibaba Medical Professional Corp.	211,704
Salman, Dr. Anmar	336,763
Saputo Foods Limited	156,717
Sask Energy	470,563
Sask Polytechnic	72,627

Sask Power	1,362,152
Sask Registered Nurses Association	182,846
Sask Tel CMR	287,923
Sask Tel Mobility	192,066
Sask Workers' Compensation Board	1,379,274
Saskatoon Health Region	60,940
Saskworks Venture Fund Inc.	73,173
Schaan Healthcare Products Inc.	1,283,490
Security Patrol & Investigators	55,916
SEIU Local 299 MJ	723,071
Select Medical Connections Ltd.	104,329
SHEPP	13,450,011
Shopper's Home Healthcare	53,999
Siemens Healthcare Limited	82,397
Silverado Demolition Inc.	201,075
Soyege Medical PC Inc., Dr. Adeloye	533,020
Stantec	117,792
Stationwala Podiatrist Prof. Corp., Dr. Ata	211,538
Steris Canada Inc.	101,723
Stevens Company Limited	256,662
Stevens, Dr. Geoffrey L.	106,302
Stryker Canada Inc.	130,017
SUN Local 68	63,939
Sun Provincial	444,150
Suty Medical Imaging PC Ltd.	944,200
Sysco Food Services	1,756,857
Tabl Corporation, Dr. Samar	420,976
Torr Medical PC Inc., Dr. D.	53,969
Toshiba	176,515
Toshiba Business Solutions	51,579
Town Of Assiniboia	79,059
Town Of Gravelbourg	75,562
Vanheerden Kruger, Johan	552,145
Vantage Endoscopy Inc.	52,591
Vanwyk Prof. Corp., Dr. Gerrit	601,170
Vermaak, Dr. Jan	87,855
Vertue Medical PC Inc., Dr. Peter	423,617
Virtus Group	54,031
We Care Home Health Services	164,958
Woodwyant	203,599
Youssef, Dr. Hany	92,851
Yusuf Medical Prof. Corp., Dr.	561,498
Zimmer Biomet Canada Inc.	314,264
Supplier Payments less than $50,000	6,274,097
TOTAL	**$ 92,867,002**

Appendix A
Organizational Chart



Appendix B
Community Advisory Networks

Communities and organizations our Health Region currently interacts include, but are not limited to:

Assiniboia Civic Improvement Association
Assiniboia Union Hospital Auxiliary
Badlands Recreational Committee
Briercrest College
Canadian Cancer Society
Canadian Diabetes Association
Cayer Trust (Willow Bunch)
Central Butte and District Foundation
Central Butte Community Health Council
Central Butte Union Hospital Auxiliary
Child Action Committee (Moose Jaw)
Child Action Group (Assiniboia)
Child and Youth Interagency Committee
Cosmo Senior Citizen's Centre
Craik and District Foundation
Craik and District Health Care Committee
Craik Auxiliary
Department of National Defense 15 Wing
Division scolaire francophone 310
Elbow Auxiliary
Emergency Measures Organizations
Emergency Response Planning Committee
Eyebrow Auxiliary
File Hills Tribal Council
Food Security Network
Grasslands Trust Fund Corp.
Grasslands Health Centre Auxiliary
Holy Trinity Roman Catholic Separate School Division No. 22
Housing Authorities
John Howard Society
Kincaid & District Health Centre Board Inc.
Lafleche District Health Foundation Inc.
Ludlow Trust
Medical Advisory Committee
Metis Nation
Moose Jaw & District Senior Citizens Association
Moose Jaw and District Interagency Committee
Moose Jaw Families for Change
Moose Jaw Health Foundation
Moose Jaw Mental Health Housing Committee
Moose Jaw Union Hospital Auxiliary
Mossbank Trust
Municipal Governments
Pioneer Lodge Assiniboia Auxiliary
Prairie South School Division No. 210
Regency Hospital Auxiliary
Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
Regional Intersectoral Committee
Ross Payant Nursing Home Auxiliary
SIAST - Palliser Campus
South Central Recreation and Parks Association
South Country Health Care Foundation
Thunder Creek Rehabilitation Association
Transition House
Tugaske Auxiliary
Unions
Valley View Centre